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PLEASE READ /	ALL INSTRUCTIONS BEFORE C	COMPLETING THIS FORM!
CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	2006 AUG -4 AM 10: 23  SECRETARY OF AME TALLAHASSEE, FLORIDA
DOCUMENT# P01000 1. Corporation Name Cannella & Gree	0024851 en, P.A.	IACCIONI
2. Principal Office Address	3. Mailing Office Address	
4037 Henderson Blyd Suite, Apt. #, etc.	Suite, Apt. #, etc.	CR2E081 (12/05)
		4. Date Incorporated or Qualified To Do Business in Florida 3/05/01
City & State  Tanpa FL  Zip Country	City & State Tampa FL	5. FEI Number Applied For S 9 - 3 100 2 77 Not Applicable
3 3 4 2 9 USA	2ip   Country   33429   USA	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Name  Grea G. G.  Street Address (P.O. Box Number is No.  HO31 Hender  Suite, Apt. #, Etc.  City  Tampa	reen  tot Acceptable)  730 N. Blvd.	State Zip Code FL 33c 29
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent Date 8/3/04  REGISTERED AGENT MUST SIGN		
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)		
Titles Name of Officers and/or Directors	Street Address of Each Officer and/or Director	
D Norman Cannella	a Hogo Hendelson	81Vd. Tampa FL 33 629 08/11/08-01/008-01/6 **450.00 15 H 9/04 DL DL
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.  SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Date  Date		

NORMAN CANNELLA JA.

LAW OFFICES OF

## NORMAN CANNELLA, JR.

ATTORNEY AT LAW

4037 Henderson Boulevard Tampa, Florida 33629 Telephone: (813) 282-9545 Facsimile: (813) 282-8595

pajoul

August 3, 2006

Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: Canella & Green, P.A.

To whom it may concern:

This corporation to my best knowledge and belief not receive annual report notices since 2004.

If there are any questions or concerns, please do not hesitate to call.

norman Connelle T.

Sincergly,

Norman Cannella, Jr.

Attorney at Law