PLEASE READ ALL INSTRUCTIONS BEFORE...

FILED

04 JAN 8 PM 12:36

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000059998

1. Corporation Name

CANAL-EX, INC.

400028280164
02/05/04--01031--004 **150.00

REINSTATEMENT 03-04

2. Principal Office Address	3. Mailing Office Address
100 Lincoln Rd.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
suite 944	
City & State	City & State
Miami Beach, FL	
Zip / Country	Zip / Country
33139 Miami-Dade	

4. Date Incorporated or Qualified To Do Business In Florida

5. FEI Number — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $9.75 Additional fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: James Melillo

Street Address (P.O. Box Number is Not Acceptable): 100 Lincoln Road

Suite, Apt. #, Etc.: Suite 944

City: Miami Beach, | State: FL | Zip Code:

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 _____

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	James Melillo	100 Lincoln Rd., Ste 944, Miami Beach, Fl 33139	
			400028280164 02/05/04--01031--005 **150.00

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 incidents listed on this form do not qualify for an exemption under section 119.07(3)(i), 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: JR Mello

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

LAW OFFICES
CHARLES H. GELMAN, P.A.
1025 INGRAHAM BUILDING
25 SOUTHEAST 2ND AVENUE
MIAMI, FLORIDA 33131

TELEPHONE
(305) 579-9100

TELEFAX
(305) 577-4969

M E M O R A N D U M

To: Secretary of State

From: Charles H. Gelman, P.A.

Date: December 31, 2003

Re: Reinstatement

Gentleman:

This office has been retained by Canal-Ex, Inc. in connection with the above-referenced matter.

Our client never received from the Secretary of State a renewal notice for the year 2003. It recently discovered that it was involuntarily dissolved in September 19, 2003.

Based upon the foregoing, it encloses a reinstatement form, a check for $150.00 together with its request to waive your normal $600.00 reinstatement fee.

Thank you for anticipated cooperation.

Yours truly,

Charles H. Gelman

Misc :20031231a