

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 28 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000112602

1. Corporation Name

Canaveral Corp.

REINSTATEMENT 03-09

400033979954
04/26/04--01073--001 **908.75

2. Principal Office Address

5900 SW 73rd St

3. Mailing Office Address

5900 SW 73rd St

Suite, Apt. #, etc.

Suite 207

Suite, Apt. #, etc.

Suite 207

City & State

miami Florida

City & State

miami Florida

Zip

33143

Country

USA

Zip

33143

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/18/2002

5. FEI Number

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

David Block

Street Address (P.O. Box Number is Not Acceptable)

5900 SW 73rd Street Suite 207

Suite, Apt. #, Etc.

miami

City

miami

State

FL

Zip Code

33143

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

X [Signature]

REGISTERED AGENT MUST SIGN

Date 4/23/04

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	City / State / Zip
CEO	David Block	5900 SW 73rd Street Suite 207	miami, FL 33143

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 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: X [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Block

4/23/04

Date

3058600000

Daytime Phone #

CR2E081 (01/04)