

2006 FOR PROFIT CORPORATION REINSTATEMENT

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|--|--|---|--|---|--|
| DOCUMENT # P05000118985 1. Entity Name ARCANA CORP. | | | | | |
| Principal Place of Business 9410 SW 78TH STREET MIAMI, FL 33173 | | | | Mailing Address 9410 SW 78TH STREET MIAMI, FL 33173 | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | FILED 06 OCT 30 PM 12:37 SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| City & State | | City & State | | 4. FEI Number 10252006 REIN-P | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent LAWRENCE, MARIA E 9410 SW 78TH STREET MIAMI, FL 33173 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | Applied For <input type="checkbox"/> Not Applicable | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small> | |
| FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00 | | | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE PD <input type="checkbox"/> Delete NAME LAWRENCE, MARIA E STREET ADDRESS 9410 SW 78TH STREET CITY-ST-ZIP MIAMI, FL 33173 | | | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP 07-13-06 60059 021 \$145.00 | |
| TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP | | | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP | |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other life empowered. | | | | | |
| SIGNATURE <i>Maria E Lawrence</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | Date 10/25/06 Daytime Phone # (305) 279-1689 | |

Arcana Corp.
Maria E. Lawrence
9410 SW 78 Street
Miami, FL 33173
305-279-1689

October 25, 2006

Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Attn: Sean Toner

Re: Document #P05000118985

Dear Sean,

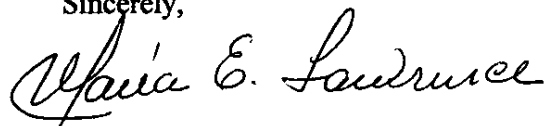
On July 10, 2006 I paid \$150.00 for filing fees. In error I entered the incorrect document # "P05000011898". This document belongs to Juan Cuevas.

Please transfer this payment to the correct document #P05000118985 for Arcana Corp.

I am enclosing a copy of my payment information that was printed on 7/10/06.

If you have any questions please feel free to contact me at the above number.

Sincerely,


Maria E. Lawrence