

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 FEB 18 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P 96000005737**

1. Corporation Name **BLUE CANOE Enterprises, Inc.**

2. Principal Office Address
45 PROSPECT DR

Suite, Apt. #, etc.

City & State
CORAL GABLES, FL

Zip Country
33133 USA

3. Mailing Office Address
45 PROSPECT DR

Suite, Apt. #, etc.

City & State
CORAL GABLES, FL

Zip Country
33133 USA

REINSTATEMENT 99-00

4. Date Incorporated or Qualified
To Do Business in Florida **1/18/96**

5. FEI Number **65-0649408** Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name **LINDSEY D. Pankey III**
Street Address (P.O. Box Number is Not Acceptable)
45 PROSPECT DRIVE
Suite, Apt. #, Etc.
City **CORAL GABLES** State **FL** Zip Code **33133**

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 **[Signature]** Date **2/7/00**
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	City / State / Zip
P	Lindsey D. Pankey III	45 Prospect Dr.	Coral Gables, FL 33133
T	"	"	"
S	"	"	"
V	"	"	"
D	"	"	"
C	"	"	"
M	"	"	"

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: **[Signature]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2/7/00** Daytime Phone # **(305) 858-8330**