	PLEASE READ	<u>ALL INST</u>	RUCTIONS	BEFORE C	OMPLET	ING THIS FORI	М.		
APPLICATION FLORIDA DEPARTMENT OF STATE									
	FOR	Sandra B. Mor	tham						
REINSTATEMENT Secretar					FILED				
DIVISION OF CORPORATIONS					N C Storm Codd &				
DOCUMENT # P96000078263 1. Corporation Name					98 APR -3 AM 9: 57				
CANEFIN, INC.					SECRETARY OF STATE TALLAHASSEE. FLORIDA				
						IMELAHASSEE. PLUKJUA			
Principal Pi	ace of Business	Malling Addre	APP	·	{ }				
			or controlled		1 134 134	15 5 (5 16) 5 16) 51 6) 63 6) 56 () 5 6()	(8686) (6778 17876 67768 1777 1789		
SUITE 133		-8U17E-108-							
HIALEAH FL 33016 LHALE			EAH FL-99910		REINSTATEMENT 97-98				
If ahove a	ddresses are incorrect in any way, line th	rough incorrect in	oformation and enter	correction helow	REIN	STATEME	NI A A CO		
	ncipal Office Address, If Applicable	ing Office Address, If Applicable		4. Date Incom	porated or Qualified				
Suite, Apt.	# elc	396C	3960 SW 153rd AUE.			To Do Business in Florida 09/19/1996			
						5. FEI Number Applied For			
City & State City & State			mar, Fl	أ	65-0702864 Not Applicable				
Zip Country Zin 330						RTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status			
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)									
Name of Officers Street Address of Each									
Title(s)				icer and/or Director se Post Office Box N	tumbers)	mbers) 4 City / State / Zip			
D	BIANCHI, JOSE	3960 Su	H OTREET, #133 D 153rd .	- Αυε	MI ramar,	FL 33027			
D	D BIANCHI, MARIA		-2750-WEST-COTH-STREET, #139			HIALEAH FL 33018			
				153rd	AUE.	Miramar,	FL 33027		
						<u> </u>			
							11CC4E		
							400024815546 -04/07/9801081021 ****900.00 ****900.00		
						*****900.00 *****900.00			
	 			H		 			
8. Name and Address of Current Registered Agent					Name and Address of New Registered Agent				
Name MAI					RIA BIANCHI				
AND HOLLYWOOD BLVD. CLITT DEO.				Street Address (P.O. Box Number is Not Acceptable) 3960 SW 153rd HOE.					
-NORTH TOWER-				396(Suite, Apt. #, Etc.) ow I	53rd ADE.	<u></u>		
HOFF	WOOD FL 00021	City				17:0-10			
				City Mira	mar) F	L 33027		
10. I, being	appointed the registered agent of the abo	named corpo	oration, am familiar wi	th and accept the ob	oligations of Sect	1	1-5		
Signature of Pegister Agent Warra Bearchi Date 3/31/98									
	43	GISTERED AG	ENT MUST SIGN						
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No									
******		-,							
12. 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 filling 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	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.								
on and a	Approvation to trace string sociate, and they so	/)	ans same iogen one				(205)		
	Il La Olkano	<u>//</u> ·	\(\bar{\chi}\) \\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			Palachood	Vana Java		
SIGNATURE SIGNATURE AND TYPED OR PAINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytimo Phone #									
						,	,		

\$.

:

į