


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000088268					
1. Corporation Name CANYON HOLDINGS CORPORATION					
2. Principal Office Address 3455 SW 54 St. Suite, Apt. #, etc. City & State Miami, FL Zip 33142 Country USA			3. Mailing Office Address 3455 SW 54 St. Suite, Apt. #, etc. City & State Miami, FL Zip 33142 Country USA		

FILED

01 JUL -5 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300004475669--1
-07/16/01--01003--015
*****75.00 *****75.00

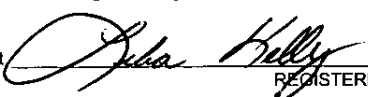
REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 65-0709006	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

01

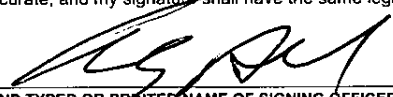
7. Name and Address of Current Registered Agent		
Name Lilia Kelley		
Street Address (P.O. Box Number is Not Acceptable) 3455 SW 54 Street		
Suite, Apt. #, Etc.		
City Miami	State FL	Zip Code 33142

LS

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 June 29, 2001
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
D	MARK BLANK	9350 South Dixie Hwy#900	Miami, FL 33156
PSTD	ANDREW BLANK	3455 NW 54 Street	Miami, FL 33142

300004475669--1
-07/16/01--01003--016
*****75.00 *****75.00

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR MARK BLANK
Date	Daytime Phone #

CR2E081 (9/00)