

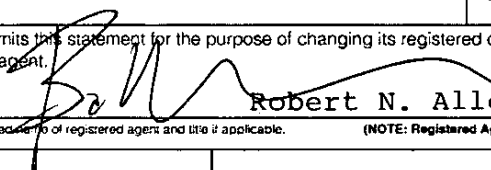
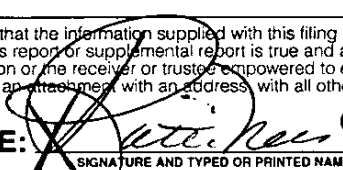


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P97000102076 1. Entity Name THE CANZERI COMPANY, INC.					
Principal Place of Business 604 CRANDON BLVD #205 KEY BISCAYNE, FL 33149 US			Mailing Address 604 CRANDON BLVD #205 KEY BISCAYNE, FL 33149 US		
2. Principal Place of Business c/o 1441 Brickell Ave		3. Mailing Address c/o 1441 Brickell Ave			
Suite, Apt. #, etc. Suite 1400		Suite, Apt. #, etc. Suite 1400			
City & State Miami, FL		City & State Miami, FL			
Zip 33131		Country US		4. FEI Number 52-1260007	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent AUCHTER, PAUL R 604 CRANDON BLVD #205 KEY BISCAYNE, FL 33149				7. Name and Address of New Registered Agent Name Robert Allen Law Street Address (P.O. Box Number is Not Acceptable) 1441 Brickell Avenue Suite 1400 City Miami FL Zip Code 33131	
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. SIGNATURE  Robert N. Allen, Jr., President 11/09/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CANZERI, PATRICIA N 604 CRANDON BLVD #205 KEY BISCAYNE, FL 33149	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD Canzeri, Patricia 650 James Street Syracuse, NY 13203	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CANZERI, JOSEPH W 604 CRANDON BLVD- #205 KEY BISCAYNE, FL 33149	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000062020550 12/08/05--01046--014 **750.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD AUCHTER, PAUL R 1111 CRANDON BLVD, #C-702 KEY BISCAYNE, FL 33149	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 like empowered.					
SIGNATURE:  Patricia Canzeri 11/09/05 305-372-3300 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

FILED

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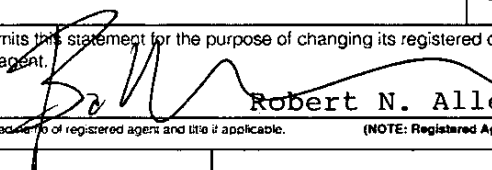


11092005 REIN-P CR2E098 (6/04)

4. FEI Number 52-1260007 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

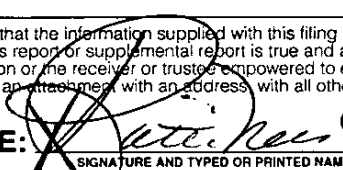
7. Name and Address of New Registered Agent
 Name Robert Allen Law
 Street Address (P.O. Box Number is Not Acceptable) 1441 Brickell Avenue
 Suite 1400
 City Miami FL Zip Code 33131

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.
 SIGNATURE  Robert N. Allen, Jr., President 11/09/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CANZERI, JOSEPH W 604 CRANDON BLVD- #205 KEY BISCAYNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD AUCHTER, PAUL R 1111 CRANDON BLVD, #C-702 KEY BISCAYNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

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