EASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FO DIVISION OF CORPORATIONS EILED P98000048734 DOCUMENT # 00 SEP -8 PM 1: 25 1. Corporation Name SECRETARY OF STATE MCCANE CORPORATION TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 19551 FRANJO ROAD 19551 FRANJO ROAD MIAMI FL 33157 MIAMI FL 33157 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 4. Date Incorporated or Qualified To Do Business in Florida 06/01/1998 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State Not Applicable \$8.75 Additional Fee required Zip Country Zip Country CERTIFICATE OF STATUS DESIRED 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) Street Address of Each Name of Officers City / State / Zip Officer and/or Director and/or Directors Title(s) D, P,S MCCANE, WILLIAM N 19551 FRANJO ROAD MIAM! FL 33157 . A. 148 9. Name and Address of New Registered Agest 8. Name and Address of Current Registered Agent MCCANE, WILLIAM N Street Address (P.O. Box Number is Not Acceptable) 19551 FRANJO ROAD Suite, Apt. #, Etc. **MIAMI FL 33157** State | Zip Code City 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN

11. 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

AMATUK CREQUIRED

10-18-99 (305) 232-8075

August 23, 2000

Department of State
Divisions of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir:

The reason for this correspondence is to request a waiver in the payment of the reinstatement fee of the corporation. The reason for this request is that I did not received both notices on the payment of this fee. This is a home-based business and it was our very first year handling all the requirements. I would like to please request another chance.

Thank you for your time,

Lorgia McCane