

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 MAY 14 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000050338**

1. Corporation Name

CANARIO FARM INC.

Principal Place of Business

Mailing Address

5755 SW 123 AVENUE
MIAMI FL 33175

5755 SW 123 AVENUE
MIAMI FL 33175



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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/03/1999

5. FEI Number

65-0929861

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	DIAZ, IRENE	1192 SW 35 STREET	MIAMI FL 33185
SD	FERNANDEZ, MARIA E	14351 SW 71 LANE	MIAMI FL 33183

100005620541--1

-05/28/02--01019--005

****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FERNANDEZ, MARIA E
14351 SW 71 LANE
MIAMI FL 33183

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

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.

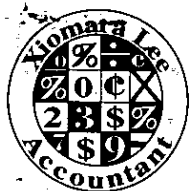
SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED40 (8/01)



MEMBER OF AMERICAN SOCIETY
OF WOMEN ACCOUNTANTS
NATIONAL SOCIETY OF TAX PROFESSIONALS

Miami, Fl March 22, 2002

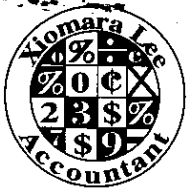
Divisions of Corporations
Florida Department Of State
P.O. Box 6327
Tallahassee, Fl 32314

Ref: Canario Farm Inc.
Efin: 65-09298861

Dear Eula Peterson,

This letter is regarding the mentioned above company. On several different occasions we have sent the annual report with the correct information. For some reason we have been charged a penalty for not sending the corrected information.

The payment was made on time and was indeed cashed by the Department Of State on: May 9, 2001.



MEMBER OF AMERICAN SOCIETY
OF WOMEN ACCOUNTANTS
NATIONAL SOCIETY OF TAX PROFESSIONALS

I ask that you reconsider this case and wave the penalty interest that have been applied to this company due to the fact that there was never any indication as to what information needed to be corrected.

I thank you for your cooperation.
If there are any questions please feel free to call me at any time at

Sincerely,


Irene Diaz


Xiomara Lee P.A.