## 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # S80097  1. Entity Name ARIZONA RESOURCES INDUSTRIES, INC.  Principal Place of Business  1080.700 4TH AVE. S.W. CALGARY, ALBERTA, CANADA, T2P-3J4  2. Principal Place of Business - No PO Box # 3050 Post Oak Blvd  3. Mailing Address 510 Bering Dr.								FILED  7 MAY II AM 8	ATE CAIDA	
Suite, Apt #, etc. Suite 1700			Suite, Apt #, etc. Suite 300			0419200	EINSTATEM	<b>95</b> 09 <b>5</b> (1/07)	76-0	
City & State Houston, TX			City & State <b>Houston, TX</b>				4. FEI Numb		<u> </u>	oplied For ot Applicable
7 <b>70</b> 56	Zip 77056-6568 Country USA		<sup>Zip</sup> 77057–1457			5. Certi		e of Status Desired	\$8.75 Add Fee Require	ditional d
	6. Name	and Address of Current I	Registered Agent	ed Agent Name			7. Name and	d Address of New Registers	ed Agent	
CT CORP 1200 SOU PLANTAT			ldress (F	O Box Numb	per is Not Acceptable)	Zip Cod	e			
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 accepted the obligations of registered agent.										
SIGNATURE										
Signature typed or printed name of registered agent and site if applicable (NOTE: Registered Agent signature required when reinstating)  DATE										
FILE NOW!!! FEE IS \$300.00								In accordance with s. 6 corporation did not received	607.193(2)(b), eive the prior i	F.S., the notice.
10. OFFICERS AND (			DIRECTORS    Delete	- · · · · · · · · · · · · · · · · · · ·	DD	ADDITIONS	CHANGES TO OFFICERS A			
NAME STREET ADDRESS CITY ST-ZIP	RUCK, WA 1080.700 4 CALGARY	CITY	EET AODRESS ST-ZIP	305	D St Change Addition lasker, Barry D 050 Post Oak Blvd Ste 1700 ouston, TX 77057-1457					
NAME STREET ADDRESS CITY-ST ZIP	SD CURRIE, E 1080.700 4 CALGARY		- 1		© Change					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D					510	T Change X Addition 11is, W. Kyle 0 Bering Dr. Ste 300 puston, TX 77057-1457			
TITLE NAME STREET ADDRESS CITY-ST ZIP			□ Delete						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			\$\frac{1}{4}						☐ Change	☐ Addition
NAME STREET ADDRESS CITY ST-ZIP			☐ Delete						☐ Change	☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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:  W. Kyle Willis, V/T 4-23-07, 713-974-9308  Daytime Phone #										