FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

09 AUG 25 AM 9:47

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 264000

1. Corporation Name

Jim Pattison U.S.A. Inc.

300159895173
08/25/09--01003--011 **1500.00

CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
7576 Kingspointe Pkwy		1067 West Cordova Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 188		1067	
City & State		City & State	
Orlando, FL		Vancouver, BC	
Zip	Country	Zip	Country
32819	USA	V6C 1C7	Canada

4. Date Incorporated or Qualified To Do Business In Florida

5. FEI Number 59-0994457 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
CT Corporation

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City: Orlando | State: FL | Zip Code: 33324

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 8/13/09

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/P	Rod Bergen	1800 - 1067 West Cordova Street	Vancouver, BC V6C 1C7
D/VP	Jim Pattison Jr.	188 - 7576 Kingspointe Pkwy	Orlando, FL 32819
D/VP	Norm Deska	188 - 7576 Kingspointe Pkwy	Orlando, FL 32819
S	Nick Desmarais	1800-1067 West Cordova Street	Vancouver, BC V6C 1C7
	REINSTATEMENT 04-09		B 8/27/09

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 contained in Chapter 119, 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: _____ Nick Desmarais 08/14/2009 604-688-6764

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #