PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS
W06000026310

FILED
06 JUN 15 AM 10:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 534224

1. Corporation Name

BURNAC PRODUCE, INC.

2. Principal Office Address	3. Mailing Office Address
515 E. Las Olas Blvd.	515 E. Las Olas Blvd.
Suite, Apt. #, etc. 4th Floor	Suite, Apt. #, etc. 4th Floor
City & State Ft.Lauderdale, FL	City & State Ft.Lauderdale, FL
Zip 33301 Country US	Zip 33301 Country US

REINSTATEMENT 04-05

4. Date Incorporated or Qualified To Do Business in Florida 5-20-77

5. FEI Number 591770966 ☐ 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: Richard H. Bergman, Esq.

Street Address (P.O. Box Number is Not Acceptable): 515 E. Las Olas Blvd., 4th Floor

Suite, Apt. #, Etc: 4th Floor

City: Fort Lauderdale | State: FL | Zip Code: 33301

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 05-31-06

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
PD	Joseph Burnett	44 St.Claire Ave. W.	Toronto, Canada M4V3C9
VP	Sheldon Burnett	44 St.Claire Ave. W.	Toronto, Canada M4V3C9
SEC.	Richard H. Bergman	515 E. Las Olas Blvd,4Flr.	Ft.Lauderdale,FL 33301
		100075888921 06/20/06--01048--009 **450.00	

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: _____ Richard H. Bergman 5-31-6 954-765-7551

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

B. Mitchell JUN 15 2006