PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 SEP 28 PM 12:58
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F01000006311

1. Corporation Name

Jamesway Construction, Inc.

800161080058
09/28/09--01084--012 **1058.50

CR2E081 (12/08)

REINSTATEMENT 07-09

2. Principal Office Address - No P.O. Box #		**3.** Mailing Office Address	
974 Breckenridge Lane		274 Shirley Avenue	
Suite, Apt. #, etc. 201		*Suite, Apt. #, etc.* 201	
City & State Louisville, KY		City & State Kitchener, ON	
Zip 40207	Country U.S.A.	Zip N2B 2E1	Country Canada

4. Date Incorporated or Qualified To Do Business in Florida 12/11/2001

5. FEI Number 522287143 ☐ 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
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

Suite, Apt. #, Etc.

City Tallahassee | State FL | Zip Code 32301-2525

☐ 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 Michele Polsky Michele Polsky Assistant VP Date September 17, 2009

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
Director	Al Way	201-274 Shirley Avenue	Kitchener, ON N2B 2E1 Canada
Director	Al Way	201-274 Shirley Avenue	Kitchener, ON N2B 2E1, Canada
Director	Al Way	201-274 Shirley Avenue	Kitchener, ON N2B 2E1, Canada

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: Al Way Sept 2, 2009 1-800-952-1986

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