PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORA REINSTATE	(#B) Ga (\$ 1.45.5)	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		F1LED 09 SEP 28 PM 12: 58	
DOCUMENT # F0100006311 1. Corporation Name				SECTION SAME	
Jameswa	y Construction,	Inc.			
2. Principal Office Ad		3. Mailing Office Address 274 Shirley Avenue		800161080058 09/28/0901034012 **1058.50	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		TENSTATEW (12/08) 0 7 - 99	
City & State		201 City & State		4. Date Incorporated or Qualified To Do Business in Florida 12/11/2001	
Louisville, KY		Kitchener, ON		5. FEI Number	
zip 40207	Country U.S.A.	Zip N2B 2E1	Country Canada	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee require for a Certificate of Status	
	7. Name and Address o	of Current Registered Ager	int		
Name Corporation Service Company				☐ The reinstatement fee is imposed, except in	
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street				circumstances which the entity did not receive the prior notices. By checking this box, you	
Suite, Apt. #, Etc.				 are certifying the prior notices were not received and requesting the reinstatement 	
City State Zip Code Tallahassee FL 32301-2525			State Zip Code 32301-2525	fee be waived.	
8. I, being appointed the registered agent of the above named corporation, am familiar with and appear the object of section 607.0505 or 617.0503, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN Date Production Corporation Assistant VP					
9. Names and Street	et Addresses of Each Officer and	d/or Director (Florida nonpr	ofit corporations must list at le	east 3 directors)	
Titles Name of Officers and/or Directors			Street Address of Each Officer and/or Director		
Orreston Al Way		201-27	74 Shirley Avenue	Kitchener, ON N2B 2E1 Canada	
Directal Al Way	Al Way 201-274 Shirley Avenue		74 Shirley Avenue	Kitchener, ON N2B 2E1, Canada	
Over Al Way 201-274 S		74 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 mysical ature shall have the same legal effect as If made under oath.					
SIGNATURE: Al Way				Sept 2, 2009 1-800-952-1986	