Attn: Adelaide Schmul

+1-703 556 6540

FILED

2011 OCT 21 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F05000002292

1. Corporation Name
Fundraising Initaitives, Inc.

REINSTATEMENT 07-11

700213565257
10/21/11--01030--001 **1350.00
CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
8630 Fenton Street	8630 Fenton Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 821	Suite 821
City & State	City & State
Silver Spring, MD	Silver Spring, MD
Zip / Country	Zip / Country
20910 / USA	20910 / USA

4. Date Incorporated or Qualified To Do Business in Florida 04/15/2005

5. FEI Number 88-0986504 ☐ 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 System

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

Suite, Apt. #, Etc.

City	State	Zip Code
Plantation	FL	33324

$ 10/21

8. I, being appointed the registered agent of the above named corporation, accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: [signature] Jamieson Jackson, Vice President and Assistant Secretary
REGISTERED AGENT MUST SIGN

Date: 10/20/11

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Catherine A Sullivan-Bauso	Cavendish House 369 Burnt Oak Broadway	Edgeware, Middlesex, HA8 6AW EN 85016-3429
D	Kenneth Bauso	Cavendish House 369 Burnt Oak Broadway	Edgeware, Middlesex, HA8 6AW EN 85016-3429
CEO	Jamieson Jackson	489 Queen Street East, Suite 301	Toronto, ON, CD, M5A 1-V1

10. E-mail Address: jamieson@cafil.ca
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: [signature] Jamieson Jackson — Oct 20 2011 — 703.678.9742
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #