

Att. Adela Schul

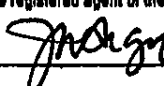
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2011 OCT 21 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F05000002292					
1. Corporation Name Fundraising Initiatives, Inc.					
2. Principal Office Address - No P.O. Box # 8630 Fenton Street			3. Mailing Office Address 8630 Fenton Street		
Suite, Apt. #, etc. Suite 821			Suite, Apt. #, etc. Suite 821		
City & State Silver Spring, MD			City & State Silver Spring, MD		
Zip 20910	Country USA	Zip 20910	Country USA	4. Date Incorporated or Qualified To Do Business in Florida 04/15/2008	
7. Name and Address of Current Registered Agent				5. FBI Number 88-0988504	
Name CT Corporation System				☐ Applied For ☐ Not Applicable	
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road				6. CERTIFICATE OF STATUS DESIRED ☐ \$0.75 Addition if required for a Certificate of Status	
City Plantation				State FL	
Zip Code 33324				Date 10/20/11	
8. I, being appointed the registered agent of the above named corporation, do hereby agree to accept the obligations of section 607.0305 or 617.0303, F.S. Signature of Registered Agent  Jameson Jackson Vice President and Assistant Secretary 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	
P/D	Catherine A Sullivan-Bauso	Cavendish House 389 Burnt Oak Broadway		Edgeware, Middlesex, HA8 6AW EN 85016-3429	
D	Kenneth Bauso	Cavendish House 389 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@canl.ca (To be used for future annual report notifications)					
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.617.155, F.S.					
SIGNATURE:		 Jameson Jackson		Date 2012.04.703.678.9742	
		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	