

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F93000002865

1. Entity Name
CANFAIN LIMITED, INC.



Principal Place of Business

P.O. BOX N-529
NASSAU, BAHAMA,

Mailing Address

C/O PATTI HARDIN
1470 ROYAL PALM SQ. BLVD.
FT. MYERS, FL 33919

2. Principal Place of Business - No P.O. Box #

6400 Estero Blvd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Apt. 203

City & State

Ft. Myers Beh FL

City & State

Zip

33931

Country

Zip

Country

11012007 REIN-P CR2E098 (1/07)

4. FEI Number
65-0403289

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARDIN, PATTI
HUGHES SNELL & COMPANY
1470 ROYAL PALM SQUARE BLVD
FT. MYERS, FL 33919

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

11-02-07

FILE NOW!!! FEE IS \$150.00

After January 1, 2008, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PS
NAME KIELHORN, ALF
STREET ADDRESS 1470 ROYAL PALM SQUARE BLVD
CITY-ST-ZIP FT MYERS, FL 33919 ☐ Delete

TITLE D
NAME KIELHORN, BRIGITTE
STREET ADDRESS 1470 ROYAL PALM SQUARE BLVD
CITY-ST-ZIP FT MYERS, FL 33919 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
300112179053
11/09/07--01054--009 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

REINSTATEMENT
2007

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: See attached for signature

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

2007 DEC 13 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

