
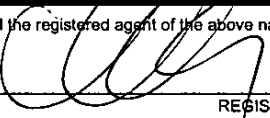


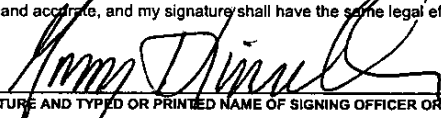
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>		<b>FILED</b> 05 MAR 18 AM 10:58 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>DOCUMENT #</b> F98000003553					
<b>1. Corporation Name</b> Western Sales and Development Company					
<b>2. Principal Office Address</b> 255 Bare-foot Beach Blvd.			<b>3. Mailing Office Address</b> - Same -		
<b>Suite, Apt. #, etc.</b> Unit 304			<b>Suite, Apt. #, etc.</b>		
<b>City &amp; State</b> Bonita Springs, FL			<b>City &amp; State</b>		
<b>Zip</b> 34134	<b>Country</b> Lee	<b>Zip</b>	<b>Country</b>	<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 6/22/1998	
<b>5. FEI Number</b> 593512433				<b>Applied For</b> Not Applicable	
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee required for a Certificate of Status</b>	

<b>7. Name and Address of Current Registered Agent</b>	
<b>Name</b> Salvatori & Wood, P.L.	
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 4001 Tamiami Trail North	
<b>Suite, Apt. #, Etc.</b> Suite 330	
<b>City</b> Naples	<b>State</b> FL
<b>Zip Code</b> 34103	

<b>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.</b>	
<b>Signature of Registered Agent</b> 	<b>Date</b> 3-16-05
<b>REGISTERED AGENT MUST SIGN</b>	

<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
CPT	Harry Littler	30 St. Clair Avenue West, Suite 805	Toronto Ontario, Canada M4V-3A1
CVS	Gary Kinsella	255 Bare-foot Beach Blvd.	Bonita Springs, FL 34134

<b>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 under section 119.07(3)(l), 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.</b>	
<b>SIGNATURE:</b>  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<b>Date</b> 3-2-05 <b>Daytime Phone #</b> 239-495-0908

Gary Kinsella

CR2E081 (01/05)