PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 DEC 26 PM 1:52

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # ~~N96000003570~~ N96000003570

1. Corporation Name

GoodSeed USA, Inc.

000004765040--3
-01/10/02--01058--002
****245.00 ****245.00

REINSTATEMENT 01

2. Principal Office Address	3. Mailing Office Address
3655 N. Government Way	P.O. Box 2890
Suite, Apt. #, etc.: Suite 9	Suite, Apt. #, etc.:
City & State: Coeur d'Alene, ID	City & State: Hayden, ID
Zip: 83814 Country: USA	Zip: 83835 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 7/8/1996

5. FEI Number: 59-3480436 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $5.75 Additional fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: MALCOLM EDWARDS

Street Address (P.O. Box Number is Not Acceptable): 5368 Anthony Ave

Suite, Apt. #, Etc.:

City: MILTON State: FL Zip Code: 32570

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.

Signature of Registered Agent: Malcolm S Edwards Date: 11/16/01
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
Secretary	Russell J. Smyth	D	1615 N. 5th Street	Couer d'Alene, ID 83814
Director	Franklin B. Iott	D	530 Dragonfly Dr	Coeur d'Alene, ID 83815
President	John R. Cross	D	15 Beech Crescent	Olds, AB Canada T4H 1M1
Treasurer	John A. Krajec	D	15 Beech Crescent	Olds, AB Canada T4H 1M1
Vice Pres.	Paul W. Humphreys	D	P.O. Box 1000	Durham, ON Canada N0G 1R0

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)(i), 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.

SIGNATURE: Russell J. Smyth Russell J. Smyth 11/8/01 208 665-2333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E064 (01/00)