

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000074438 1. Entity Name CARNFORTH U.S.A., INC.			FILED 05 OCT 28 PM 9:07 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business 701 SWAN WAY KISSIMMEE, FL 34758		Mailing Address 701 SWAN WAY KISSIMMEE, FL 34758	
2. Principal Place of Business 1478 OAK LEAF LANE		3. Mailing Address 1478 OAK LEAF LANE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State KISSIMMEE FLORIDA		City & State KISSIMMEE FLORIDA	
Zip 34744		Zip 34744	
Country USA		Country USA	
4. FEI Number 22-3904400		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DARE, ANTHONY J 701 SWAN WAY KISSIMMEE, FL 34758		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		oct 17 2005 DATE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00		10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DARE, ANTHONY J 701 SWAN WAY KISSIMMEE, FL 34758	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DARE, SHERALYN V 701 SWAN WAY KISSIMMEE, FL 34758	900060898349 10/24/05--01058--013 **158.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS JONES, ALLEN 701 SWAN WAY KISSIMMEE, FL 34758	TS DARE HANNA 1478 OAK LEAF LANE KISSIMMEE, FL 34744	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	[Empty]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	[Empty]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	[Empty]	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:		OCT 17 2005 Date Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

VICTORIA INN MOTEL

Dear Sirs

October 17, 2005

I would like to start by apologizing for this filing being late,
The 2 reasons it is late are, firstly I had no idea that I had to do this filing, and I
have now replaced my account with one that knows what he is doing, and
secondly,

The address that you have on file for me is no longer the right address, and I
have had no correspondence from that address for months, as I haven't been in
touch with the friends that are there.

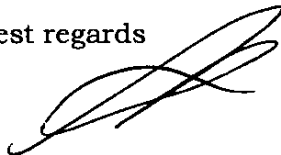
Please find enclosed the reinstatement form and a cheque for the sum of \$150,

Could you also change the address that you have on file to the address below.

1478 Oak Leaf Lane
Kissimmee
Florida
34744

I would like to thank you in advance for you cooperation, and should you need
any further information please do not hesitate to contact me.

Best regards



Anthony Dare (Carnforth USA inc)

A J Dare - Proprietor
S V Dare - Proprietor
Victoria Inn Motel

4657 US Hwy 192
Kissimmee
Florida, 34746

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Fax: 407:396:8110
victoriainn@btopenworld.com