
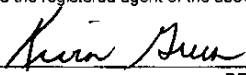
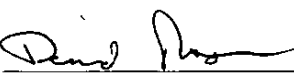


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>		FILED 2008 Nov 3 AM 11:35 TALLAHASSEE, FLORIDA	
<b>DOCUMENT #</b> P05000035901					
<b>1. Corporation Name</b>  CANFAIR, INC. <div style="text-align: right;">W08-49598</div>					
<b>2. Principal Office Address - No P.O. Box #</b> 3617-2 CROWN PT RD  Suite, Apt. #, etc.			<b>3. Mailing Office Address</b> PO BOX 24668  Suite, Apt. #, etc.		
<b>City &amp; State</b> JACKSONVILLE, FL		<b>City &amp; State</b> JACKSONVILLE, FL		<b>REINSTATEMENT</b> 07-08	
<b>Zip</b> 32257	<b>Country</b> USA	<b>Zip</b> 32241	<b>Country</b> USA		
<b>7. Name and Address of Current Registered Agent</b> Name KEVIN S GREEN INC Street Address (P.O. Box Number is Not Acceptable) 3617-2 CROWN POINT RD Suite, Apt. #, Etc.  City JACKSONVILLE State FL Zip Code 32241				<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 3/1/05 <b>5. FEI Number</b> 20-3070520 <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable <b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status  <input checked="" type="checkbox"/> The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.	
<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> Signature of Registered Agent  Date 10/27/08 REGISTERED AGENT MUST SIGN					
<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>	
PD	DAVID E ROSE	3617-2 CROWN PT RD		JACKSONVILLE, FL 32241	
				700137419407 10/29/08--01020--018 **150.00	
				700137419407 11/21/08--01049--009 **150.00	
<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 contained in Chapter 119, 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> 		<b>10/27/08</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	