

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 OCT 19 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P95000033107
1. Entity Name
COLD SPRINGS FINANCIAL CORPORATION

Principal Place of Business 149 BROCK ST THAMESFORD ONTARIO CANADA NOM 2MO, XX	Mailing Address 149 BROCK ST THAMESFORD ONTARIO, NOM -2MO
--	---

2. Principal Place of Business 149 Brock Street	3. Mailing Address 149 Brock Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.



07/21/06 90026 026 \$150.00
10122006 REIN-P CR2E098 (11/05)

City & State Thamesford, Ontario	City & State Thamesford Ontario
Zip NOM 2MO	Country Canada
Zip NOM 2MO	Country Canada

4. FEI Number
NOT APPLICABLE

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**DIVINE, RUSSELL W
24 SOUTH ORANGE AVE
ORLANDO, FL 32801**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$300.00

*Payment previously submitted
cheque 4918 cleared bank July 25/06*

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

10. OFFICERS AND DIRECTORS	
TITLE CD	<input checked="" type="checkbox"/> Delete
NAME DOODS, DOUG	
STREET ADDRESS 149 BROCK ST	
CITY-ST-ZIP THAMESFORD ONTARIO, NOM 2MO	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME HOOPER, GERALD	
STREET ADDRESS 149 BROCK ST	
CITY-ST-ZIP THAMESFORD ONTARIO, NOM 2MO	
TITLE D	<input type="checkbox"/> Delete
NAME CRAM, BRIAN	
STREET ADDRESS 149 BROCK ST	
CITY-ST-ZIP THAMESFORD ONTARIO, n0m 2m0	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE 1 President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Richard Young	
STREET ADDRESS 149 Brock St	
CITY-ST-ZIP Thamesford Ontario NOM 2MO	
TITLE Executive Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Teresa Fortney	
STREET ADDRESS 149 Brock Street	
CITY-ST-ZIP Thamesford, Ontario NOM 2MO	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE Secretary / Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Michelle Wagter	
STREET ADDRESS 149 Brock Street	
CITY-ST-ZIP Thamesford, Ontario NOM 2MO	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

REINSTATEMENT

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: Michelle Wagter *[Signature]* Date: Oct 12/06 59-285-3940
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

or 10/21/06