

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P95000038471	
1. Entity Name CANADIAN SUB-ARCTIC HUNTING, INC.	

Principal Place of Business 4020 NORTH CANDLEWOOD DRIVE BEVERLY HILLS, FL 34465	Mailing Address 4020 NORTH CANDLEWOOD DRIVE BEVERLY HILLS, FL 34465
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2. Principal Place of Business <u>2133 SW 76th Lane</u>	3. Mailing Address <u>2133 SW 76th Lane</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <u>Ocala FL</u>	City & State <u>Ocala FL</u>
Zip <u>34476</u>	Zip <u>34476</u>
Country <u>USA</u>	Country <u>USA</u>

FILED
06 MAR -6 AM 8:21
CLERK OF STATE
TALLAHASSEE, FLORIDA



02272006 REIN-P	CR2E098 (11/05)	05-06
4. FEI Number 65-0629533	Applied For	Not Applicable

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GANGLER, KENNETH C 4020 NORTH CANDLEWOOD DRIVE BEVERLY HILLS, FL 34465	7. Name and Address of New Registered Agent Name <u>Gangler Kenneth C</u> Street Address (P.O. Box Number is Not Acceptable) <u>2133 SW 76th Lane</u> City <u>Ocala</u> FL Zip Code <u>34476</u>
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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 	DATE <u>3/2/06</u>
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FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GANGLER, KENNETH C 4020 NORTH CANDLEWOOD DRIVE BEVERLY HILLS, FL 34465 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Gangler Kenneth C 2133 SW 76th Lane Ocala FL 34476 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	400067945604 03/16/06--01006--027 **308.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	Kenneth C Gangler	Date <u>3/2/06</u>	Daytime Phone # <u>352-861-3174</u>
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