

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 APR 22 PM 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 096000067354

1. Corporation Name

CANAM VENTURES

800054226648
05/10/05--01084--009 **1100.00

REINSTATEMENT

2. Principal Office Address

9401 W. COLONIAL DR

Suite, Apt. #, etc.

SUITE # 116

City & State

OCFEE FL

Zip

34761

Country

U.S.A

3. Mailing Office Address

9401 W. COLONIAL DR

Suite, Apt. #, etc.

SUITE # 116

City & State

OCFEE FL

Zip

34761

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

Aug 1996

5. FEI Number

58-8012174179-9

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

GHULAM HYDER

Street Address (P.O. Box Number is Not Acceptable)

401. CALLIOPE ST.

Suite, Apt. #, Etc.

City

OCFEE

State

FL

Zip Code

34761

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 04/13/05

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
<u>P</u>	<u>ARIF RAJAN.</u>	<u>9401. W. COLONIAL DR #116</u>	<u>OCFEE FL 34761</u>

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/13/05

Date

407-523-0805

Daytime Phone #

CR20081 (01/05)