PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAR 26 PM 1:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300028435863
03/26/04--01079--021 **150.00

300028435863
02/09/04--01058--018 **750.00

DOCUMENT # P98000033945

1. Corporation Name
WINDJAMMER, INC

REINSTATEMENT 03-04

2. Principal Office Address	3. Mailing Office Address
	1311 WESTON ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
	TORONTO ONT
Zip / Country	Zip / Country
	M6M-4R6 / CANADA

4. Date Incorporated or Qualified To Do Business in Florida: 4/14/98

5. FEI Number: 59-3561827 (Applied For ☐ Not Applicable ☐)

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee Required if Certificate of Status

7. Name and Address of Current Registered Agent

Name: GEORGIA A. HILKER, ESQ.
Street Address (P.O. Box Number is Not Acceptable): 153 NORTH ST.
Suite, Apt. #, Etc.:
City: KEY WEST State: FL Zip Code: 33040

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: _____ Date: 3/22/04
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
MB	CATHARINE CHAYKO	1311 WESTON ROAD	TORONTO ONT CANADA M6M 4R6

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: C. Chayko 1/21/04 416-243-0200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #