## 2006 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P99000002346

City-St-Zip: WESTMONT QUEBEC, H2L 4M4

Entity Name: EVACAIR CONSULTANTS USA, INC

FILED May 16, 2006 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:		
1000 WES	ST AVE		1500	N BAY ROAD		
S1608			#1474	1		
MIAMI BEA	ACH, FL 3313	9	MIAM	I BEACH, FL 33	139	
Current M	lailing Addres	ss:	New	Mailing Address	s:	
1000 WES	ST AVE		1500	N BAY ROAD		
S1608			#1474			
MIAMI BEA	ACH, FL 3313	9	MIAM	I BEACH, FL 33	139	
FEI Number	: 65-0898960	FEI Number Applied For ( )	FEI Number No	t Applicable ( )	Certificate of Status Desired ( )	
Name and	l Address of C	Current Registered Agent:	Name	e and Address o	f New Registered Agent:	
EWING, D	AVID		EWIN	IG, DAVID		
1000 WES	ST AVE			N BAY ROAD		
S1608				#1474		
MIAMI BEACH, FL 33139 US			MIAM	MIAMI BEACH, FL 33139 US		
	e named entity e of Florida.	submits this statement for the	purpose of chang	ging its registered	d office or registered agent, or both,	
SIGNATURE: DAVID EWING				05/16/2006		
	Electror	nic Signature of Registered A	gent		Date	
		3(2)(b), F.S., the corporation did r g Trust Fund Contribution (  ).	not receive the prior	r notice.		
OFFICERS AND DIRECTORS:			ADDI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title:	DP (	) Delete	Title:		() Change () Addition	
Name:	EWING, DAVID	ı	Name:			
Address:	1000 WEST AV	—	Addres			
City-St-Zip:	MIAMI BEACH,	FL 33139	City-St	-Zip:		
Title:	DP (	) Delete	Title:		() Change () Addition	
Name:	CHURCHILL-SI	MITH, MICHAEL J	Name:			
Address:	611 RUE VICTO	DRIA	Addres	s:		

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID EWING	DP	05/16/2006
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