PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 JUN 24 PM 1:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000106799

1. Corporation Name
GAIAXY MINERALS INC.

Reinstatement 05

T. Roberts JUN 24 2005

2. Principal Office Address	3. Mailing Office Address
500 PARK AVE	SAME
Suite, Apt. #, etc.: #203	Suite, Apt. #, etc.: "
City & State: LAKE VILLA IL.	City & State: "
Zip: 60046 Country: USA	Zip: " Country: "

4. Date Incorporated or Qualified To Do Business in Florida: 12-8-1999

5. FEI Number: 65-0974212 ☐ 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: Capital Connection, Inc.

Street Address (P.O. Box Number is Not Acceptable): 417 E. Virginia Street, Suite 1

Suite, Apt. #, Etc.:

City: Talllahassee State: FL Zip Code: 32301

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: Liliane White Date: 6/24/05
REGISTERED AGENT MUST SIGN

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
PD	MATTHEW J. SYMONDS	500 PARK AVE SUITE 203	LAKE VILLA IL. 60046
D	THOMAS P. FRY	500 PARK AVE SUITE 203	LAKE VILLA IL 60046
D	DAVID L. MAYER	500 PARK AVE SUITE 203	LAKE VILLA FL. 60046

000056677460
06/24/05--01021--003 **750.00

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: 6-20-05 847-265-7600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #