

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 JUN 09 PM 12:07
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **PA4000093460**

1. Corporation Name

CAN-AM ADMINISTRATORS, INC.

2. Principal Office Address

8566 West Gulf Blvd.

Suite, Apt. #, etc.

City & State

Treasure Island, FL

Zip

33706

Country

USA

3. Mailing Office Address

24 Smglewood Drive

Suite, Apt. #, etc.

Suite 203

City & State

St. Albert, Alberta

Zip

T8N 6K4

Country

Canada

REINSTATEMENT

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4. Date Incorporated or Qualified To Do Business in Florida

12/28/1994

5. FEI Number

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

C T CORPORATION SYSTEM

400003299624--7

-06/21/00--01075--019

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

1200 SOUTH PINE ISLAND ROAD

******253.75 ****253.75**

Suite, Apt. #, Etc.

400003299624--7

-06/21/00--01075--010

City

PLANTATION

State

FL

Zip Code

33324

******750.00 ****750.00**

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

Connie Bryan

REGISTERED AGENT MUST SIGN

Connie Bryan

Date **June 9, 2000**

Special Asst. Secy.

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
D	Robert S. Chapman	2209 Pasadena Place	Gulfport, FL 33707
P/D	Karen St. Jean	2209 Pasadena Place	Gulfport, FL 33707
S/T	Kennie McGeary	#203, 24 Smglewood Drive	St. Albert, AB T8N 6K4
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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:

K. McGeary **K. MCGEARY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 6, 2000

Date

(780) 460-8668

Daytime Phone #

CR2E081 (9/99)