

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.
FILEDCORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

08 JAN 15 AM 8:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT

1. Corporation Name

539858

Planmac Company, Inc.

3001329212493

12/22/08--01003--012 \$150.00

100115096341

11/15/08--01008--008 **1208.75

2. Principal Office Address - No P.O. Box

15 North Queen Street

3. Mailing Office Address

Suite, Apt. #, etc.

Suite 105

Suite, Apt. #, etc.

City & State

Etobicoke, Ontario

City & State

Zip

M8Z 6C1

Country

Canada

Zip

Country

7. Name and Address of Current Registered Agent

Name

Gus H. Crowell, Esq.

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

171 Hood Ave.

Suite, Apt. #, etc.

Suite 12

City

Tavernier, Florida

State

FL

Zip Code

33070

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

1/10/08

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Robert I. Maksymec	15 North Queen St., #105	Etobicoke, Ontario M87 6C1
D	Roma S. Maksymec	15 North Queen St., #105	Etobicoke, Ontario M87 6C1
D	Alexander M. Maksymec	15 North Queen St., #105	Etobicoke, Ontario M87 6C1

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 contained in Chapter 110, 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:

ROBERT I. MAKSYMEC

Date

JAN 8 / 08 416-624-7753

Daytime Phone #

1/18