


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

10/2

**CORPORATION
REINSTATEMENT**



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

FILED
00 NOV 27 PM 3:15

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 625619

1. Corporation Name

GRANT-ALLAN ENTERPRISES, INC.

2. Principal Office Address

44 Victoria Street

Suite, Apt. #, etc.

The Victoria Tower 1614

City & State

Toronto Ontario

Zip

M5C1Y20C

Country

Canada

3. Mailing Office Address

44 Victoria Street

Suite, Apt. #, etc.

The Victoria Tower 1614

City & State

Toronto Ontario

Zip

M5C1Y20C

Country

Canada

REINSTATEMENT

4. Date Incorporated or Qualified

To Do Business in Florida June 13, 1979

5. FEI Number

59-1919043

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

Michael E. Botos

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

250 Royal Palm Way

Suite, Apt. #, Etc.

Suite 300

City

Palm Beach

State
FL

Zip Code

33480

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

REGISTERED AGENT MUST SIGN

Date 11/21/00

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,P,S,T	Russell Allan	44 Victoria Street The Victoria Tower 1614	Toronto Ontario, Canada
VP	William Allan	44 Victoria Street The Victoria Tower 1614	Toronto Ontario, Canada

100003475941-4

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KE

Nov 21 2000 416-594-1997

CR2E081 (9/99)

20F2



ACCOUNT NO. : 072100000032

REFERENCE : 906596 4323109

AUTHORIZATION : *Patricia Pyatt*

COST LIMIT : \$ 1658.75

ORDER DATE : November 21, 2000

ORDER TIME : 12:08 PM

ORDER NO. : 906596-005

CUSTOMER NO: 4323109

CUSTOMER: Patrick Johnson, Legal Asst
Edwards & Angell
250 Royal Palm Way
Suite 300
Palm Beach, FL 33480

DOMESTIC FILINGS

NAME: GRANT-ALLAN ENTERPRISES, INC.

REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Norma Hull

EXAMINER'S INITIALS _____

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
NOV 27 PM 12:38

RECEIVED
TO BUREAU OF
SUFFICIENCY OF FILING