

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

AND FILED
 98 DEC 11 PM 2:26
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **629815**

1. Corporation Name
MAPLE GARDENS CORP.

Principal Place of Business 12501 MCGREGOR BLVD APT. #8 FORT MYERS FL 33907 US	Mailing Address C/O WILLIAM STOCKMAN 1415 HENDRY STREET FORT MYERS FL 33902 US
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REINSTATEMENT *910 98*

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip	3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip	4. Date Incorporated or Qualified To Do Business in Florida 07/17/1979	5. FEI Number 59-1958450	Applied For <input type="checkbox"/> Not Applicable
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	STORA, MICHELLE	433 STE. CATHERINE ST., W., STE.	MONTREAL, QUEBEC CA
D	SZABADI, ALEX	433 STE. CATHERINE ST.W, STE. 65	MONTREAL, QUEBEC CA
T	ZALAI, OTTO	433 STE. CATHERINE ST. W. STE. 6	MONTREAL, QUEBEC
			800002715998--9 -12/18/98--01066--007 ****900.00 ****900.00

8. Name and Address of Current Registered Agent STOCKMAN, WILLIAM E., ESQUIRE ALLEN KNUDSEN LAW FIRM <i>Deboer Knudsen</i> 1415 HENDRY STREET FORT MYERS FL 33902	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
 Signature of Registered Agent *[Signature]* **NATURE REQUIRED** Date **12/7/98**
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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)(f), 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 REQUIRED** *[Signature]* **OCTOBER 7, 1998** (514) 939 6465
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR12E040 (8/97)