FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED PARTNERSHIP REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2014 JAN 24 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E039 (1/11)

DOCUMENT # A10000000329

1. Name of Limited Partnership

CORUS LTD.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
700 S FEDERAL HWY	700 S FEDERAL HWY
Suite, Apt. #, etc.: 200	Suite, Apt. #, etc.: 200
City & State: BOCA RATON	City & State: BOCA RATON
Zip: 33432 Country: U.S.A.	Zip: 33432 Country: U.S.A.

4. Date Formed or Registered To Do Business in Florida: 06/10/2010

5. FEI Number: 45-2424865 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: SG REGISTERED AGENT LLC

Street Address (P.O. Box Number is Not Acceptable): 700 S FEDERAL HWY

Suite, Apt. #, Etc: 200

City: BOCA RATON FL Zip Code: 33432

7. FEES:
Filing Fee(s): $411.25 for each year due this office.
Supplemental Fee(s): $88.75 for each year due this office.
Penalty Fee(s): $500 for each year or part thereof limited partnership revoked on our records.

E-mail Address:

E-Mail address to be used for future annual report notices.

9. Pursuant to the provisions of section 620.1810 or 620.1909, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE 01/23/2014
(REGISTERED AGENT MUST SIGN)

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
CORUS LIMITED PARTNERSHIP	1 ADELAIDE STREET, # 2100	TORONTO, ONTARIO M5C 2V9, CANADA	

REINSTATEMENT 11-14

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 119, F.S. In the event that the information supplied is deemed exempt from public access, I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath; I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes. I understand that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE STEVEN GARELICK AUTHORIZED REPRESENTATIVE DATE 01/23/2014

Typed or Printed Name of General Partner Signing Form _____ Telephone Number _____

H14000019485 3

A10000000329

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000019485 3)))

H14000019485ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : STEINBERG GAREILEK P.L.
Account Number : I20110000015
Phone : (561)391-3344
Fax Number : (561)391-3326

2014 JAN 24 AM 9:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: SZG@STEINGARLAW.COM

LP/LLLP REINSTATEMENT
CORUS LTD.

JAN 29 2014
T CLINE

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	$4,008.75

RECEIVED
14 JAN 28 AM 6:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING 1 OF 2
PLEASE FILE
CONCURRENTLY WITH FILING 2

Electronic Filing Menu Corporate Filing Menu

January 27, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORUS LTD.
2650 N. MILITARY TRAIL, SUITE 240
BOCA RATON, FL 33431

SUBJECT: CORUS LTD.
REF: A10000000329

FILED
2014 JAN 24 AM 9:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Pursuant to s. 620.1810 or 620.1909, F.S., the registered agent must sign the reinstatement. ✓

An amendment must be filed to reflect the admission of a new general partner, the dissociation of a general partner, or to appoint a person to wind up the limited partnership's activities under s. 620.1803(3) or (4), Florida Statutes. → Attached you will find Certificate of Amendment.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

RUSSELL L HUNT
Regulatory Specialist II

FAX Aud. #: H14000019485
Letter Number: 314A00001714

RECEIVED
14 JAN 28 AM 6:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMISSION VERIFICATION REPORT

TIME : 01/24/2014 15:43
NAME :
FAX : 5619103080
TEL : 5619103080
SER.# : BROE2J373382

DATE,TIME	→	01/24 15:42
FAX NO./NAME		8506176384
DURATION		00:00:34
PAGE(S)		02
RESULT		OK
MODE		STANDARD ECM

Division of Corporations

2014 JAN 24 AM 9:13

FILED

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000019485 3)))

H14000019485 3ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : STEINBERG GARELLEK P.L.
Account Number : I20110000015
Phone : (561)391-3344
Fax Number : (561)391-3326

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: SZG@STEINGARLAW.COM