


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000001869
1. Corporation Name
578788 Ontario Limited

REINSTATEMENT 03-04

2. Principal Office Address 45 Prince Edward Blvd Suite, Apt. #, etc.		3. Mailing Office Address 45 Prince Edward Blvd Suite, Apt. #, etc.	
City & State Thornhill, Ontario		City & State Thornhill, Ontario	
Zip L3T 7G1	Country CANADA	Zip L3T 7G1	Country CANADA

02/11/03 01023 00E 150.00

4. Date Incorporated or Qualified To Do Business in Florida 4/15/96	Applied For <input checked="" type="checkbox"/> Not Applicable
5. FEI Number	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Arthur Silber
Street Address (P.O. Box Number is Not Acceptable): 1394 N. State Rd 7
Suite, Apt. #, Etc.:
City: Margate
State: FL Zip Code: 33063

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: *AS* Date: 4/7/04
REGISTERED AGENT MUST SIGN

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
PO	Arthur Silber	45 Prince Edward Blvd	Thornhill, Ont CANADA L3T 7G1
DST	Lilla Silber	45 Prince Edward Blvd	Thornhill, Ont CANADA L3T 7G1

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: *AS* Date: 4/7/04 Daytime Phone #: 954-971-9699
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (07/04)

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JORDI INTERNATIONAL FABRICS U.S.A.

March 24, 2004

Florida Department of State
P.O. Box 6327
Tallahassee, Florida
32314

Re: 578788 Ontario Limited
Ref. No. F96000001869
Reinstatement

Dear Sir/Madam,

The Annual Report for 2003 for the above corporation was returned to us because there was no registered agent designated on the form. This information was completed and returned to you on March 31st along with a copy of the 2002 Annual Report which showed the registered agent. The check for \$150 for the annual fee for the corporation was cashed on February 11th, 2003.

I am enclosing copies of the Annual report and your letter dated March 18th, noting the date of March 31st as the date this information was returned to you by mail from our office. I am also enclosing a copy of the cancelled check for \$150 and the 2002 Annual Report.

Please re-instate this company and reverse any re-instatement fees as our records indicate that the information was returned to you in a timely manner well before the May 1st deadline.

Should you require any additional information or copies of documents, please do not hesitate to contact me.

Sincerely,


Shavie Fagan
Comptroller