

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

97 DEC 22 PM 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *H56940*

1. Corporation Name
Bloomington Investment Company

Principal Place of Business Mailing Address:
*c/o HENRY W. Hides
2514 W. Kennedy Blvd.
Tampa, FL 33608*

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

2. New Principal Office Address, If Applicable
602 S. Boulevard
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.

City & State
Tampa, Florida
Zip
33606 Country
USA

City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida
5/14/85

5. FEI Number
59-2498124 Applied For Not Applicable

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

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

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
<i>D/P</i>	<i>Peter Kingston</i>	<i>3219 Youngs St. Ste 336</i>	<i>Toronto, Ontario Canada M4N 2L3</i>

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-12/23/97-01080-004
***1453.75 ***1453.75

REINSTATEMENT *93-97*

12 12-22-97

8. Name and Address of Current Registered Agent

HENRY W. Hides

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
602 S. Boulevard
Suite, Apt. #, Etc.
City
Tampa State
FL Zip Code
33606

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]
REGISTERED AGENT MUST SIGN

Date
12/17/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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)(j), 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: *Peter C. Kingston*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PETER C. KINGSTON PRES.

DECEMBER 19/97 (416) 485-4758
Date Daytime Phone #

CP-2200 (1-7-96)