

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

97 JAN -8 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K24978

1. Corporation Name
DELMINOR EDGEWATER, INC.

Principal Place of Business C/O S. RALPH. IVACO INC. 770 SHERBROOKE ST W 20TH FLOOR MONTREAL, QB CANADA H3A1G1	Mailing Address C/O S. RALPH. IVACO INC. 770 SHERBROOKE ST W 20TH FLOOR MONTREAL, QB CANADA H3A1G1
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 05/31/1988	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 98-0098653	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> SB 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. 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
PTS	GOLDSTEIN, GEORGE (D)	770 SHERBROOKE ST W.	MONTREAL, QUEBEC, CAN.
DV	KASSAB, ALBERT (AST-S)	770 SHERBROOKE ST W	MONTREAL, QUEBEC, CAN.
VD	CHAIKELSON, MORTON	770 SHERBROOKE ST W	MONTREAL, QUEBEC, CAN.
VD	RETTET, BARRY	770 SHERBROOKE ST W	MONTREAL, QUEBEC, CAN.
AS	RALPH, SAMUEL	770 SHERBROOKE ST W	MONTREAL, QUEBEC, CAN.

REINSTATEMENT 1996

8. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYES STREET TALLAHASSEE FL 32301		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: *Alexandra Antonelli* Date: 11/21/96
REGISTERED AGENT MUST SIGN

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)(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: *Samuel Ralph* Date: October 30 1996 (514) 288-4545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #