

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

97 JAN -8 PH 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **M83797**

1. Corporation Name
DELMINOR WYTHEVILLE, INC.

Principal Place of Business	Mailing Address
C/O S. RALPH, IVACO INC. 770 SHERBROOKE ST. W., 20TH FLOOR MONTREAL, QB CANADA H3A1G1	C/O S. RALPH, IVACO INC. 770 SHERBROOKE ST. W., 20TH FLOOR MONTREAL, QB CANADA H3A1G1



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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06/03/1988	
City & State		City & State		5. FEI Number	
Zip		Country		98-0098479	
				Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$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)

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, and Zip
PTS	GOLDSTEIN, GEORGE (D)	770 SHERBROOKE ST WEST	MONTREAL, QB, CANADA
VD	KASSAB, ALBERT (AST-S)	770 SHERBROOKE ST WEST	MONTREAL, QB, CANADA
VD	CHAIKELSON, MORTON	770 SHERBROOKE ST WEST	MONTREAL, QB, CANADA
VD	RETTET, BARRY	770 SHERBROOKE ST WEST	MONTREAL, QB, CANADA
V	SHEAR, DAVID	175 N.W. FIRST AVE #2000	MIAMI FL
VAS	RALPH, SAMUEL	770 SHERBROOKE ST WEST	MONTREAL, QB, CANADA

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYES STREET TALLAHASSEE FL 32301		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City, State, Zip Code	

REINSTATEMENT 1996 O. Alan 1/8/97

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: *Cassandra Anthony* 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 #

CR2E040 (7/96)