PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

APPLICATION FOR REINSTATEMENT 1996

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

96 NOV 14 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N48835

1. Corporation Name

CANADIAN SNOWBIRD ASSOCIATION INC.

Principal Place of Business	Mailing Address
350 GULF BLVD INDIAN ROCKS BEACH FL 34635 US	350 GULF BLVD INDIAN ROCKS BEACH FL 34635 US

500002008385--8
-11/19/96--01140--001
*****35.25 *****35.25

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 05/06/1992

5. FEI Number: 59-3141653 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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
PD	PARRY, JACK	RR #2 N/A	MOUNTAIN ON
VPD	SLINGER, DONALD	P.O. BOX 6, N/A	PORT SAVERN, ONTARIO L0K1S0 CA
VPD	POWER, LORNE	RR #2, N/A	TANGIER, NOVA SCOTIA B0J3H4 CA
SD	JEANNERET, KAY	#63-20 BRIMWOOD BLVD.	AGINCOURT, ONTARIO M1V1G7 CA
TD	WALTERS, HAZEN	34 HAWKER CR	GANDER NGLD CA
D	ROBERTSON, CAROL	228 KNIGHTSBRIDGE DR	WINNIPEG MO

8. Name and Address of Current Registered Agent

WEYLIE, WALLACE J. D.
350 GULF BLVD.
INDIAN ROCKS BEACH FL 34635

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

REINSTATEMENT 1996

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 REQUIRED REGISTERED AGENT MUST SIGN Date 11/12/96

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: SIGNATURE REQUIRED 11/12/96 813-782-1452
SIGNATURE AND TYPED OR PRINTED NAME OF CORPORATE OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (7/96)