

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1575

Heather K2908

CORPORATION REINSTATEMENT

TOBMAR INTERNATIONAL INC.


Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$1,800.00

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P37960					
1. Corporation Name Tobmar International Inc.					
2. Principal Office Address - No P.O. Box # 240 Chrislea Rd.			3. Mailing Office Address 240 Chrislea Rd.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Woodbridge, Ontario			City & State Woodbridge, Ontario		
Zip L4L 8V1	Country Canada	Zip L4L 8V1	Country Canada	4. Date Incorporated or Qualified To Do Business in Florida 03/19/1992	
5. FEI Number 88-0307188				Applied For <input type="checkbox"/> Not Applicable	
7. Name and Address of Current Registered Agent Name The Prentice-Hall Corporation System Inc. Street Address (P.O. Box Number Is Not Acceptable) 1201 Hays Street Suite, Apt. #, etc.				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.75 Additional Fee required for a Certificate of Status	
City Tallahassee		State FL	Zip Code 32301	<input type="checkbox"/> The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S. Signature of Registered Agent <i>Alison Qulgley</i> Alison Qulgley, Assistant VP. Date 4-22-09 REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
President	David Goldman	240 Chrislea Rd.		Woodbridge, Ontario L4L 8V1 Canada	
Secretary	Michael Aychental	240 Chrislea Rd.		Woodbridge, Ontario L4L 8V1 Canada	
Dir	Stephen Shaver	240 Chrislea Rd.		Woodbridge, Ontario L4L 8V1 Canada	
REINSTATEMENT 02-09 TB 4/23/09					
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 807 or 817, 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 807.0401 or 817.0401, 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 contained in Chapter 119, F.S. This information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.					
SIGNATURE: <i>David Goldman</i>		David Goldman		Date	04/22/09 905-851-0562
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					