

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 01 FEB -9 PM 4: 43  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P38037**

1. Corporation Name

**CERTA PROPAINTERS LTD. INC.**

Principal Place of Business

Mailing Address

150 GREEN TREE RD  
 SUITE 1003  
 OAKS PA 19456  
 US

PO BOX 836  
 OAKS PA 19456  
 US

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

03/25/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

04-3140719

Applied For  
 Not Applicable

City & State

City & State

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City, State, Zip
PD	CHASE, CHARLES E.	1252 THOMAS RD	WAYNE PA
D	PATTERSON, SCOTT	51 BENNINGTON HEIGHTS BLVD	TORONTO ONTARIO H4G
STP	CLEMENTS, PAUL W.	R.R. #3	STOUFFEVILLE, ONT, CAN
D	ROGERS, STEVEN S.	868 MELTON DRIVE	MISSISSAUGA ON
D	HENNICK, JAY	15 OLD FOREST HILL RD	TORONTO ONTARIO CANADA H6C
P	Fougeron, George	929 Hill Grove Dr.	Audubon PA 19403

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

State  
**FL**

Zip Code

REINSTATEMENT 00-01

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

*Robert L. Lewis*  
 REGISTERED AGENT MUST SIGN

Date 1/17/2001

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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 Paul Clements*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 11/01

Date

416-620-9933

Daytime Phone #

CR2E040 (8/00)