
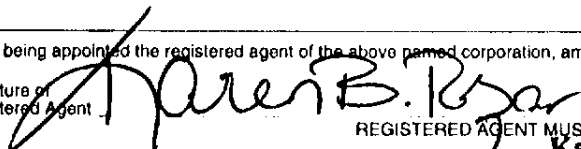


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<p>APPLICATION FOR REINSTATEMENT</p>	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	<p>FILED</p> <p>97 JUL 22 AM 11:01</p> <p>SECRETARY OF STATE TALLAHASSEE, FLORIDA</p> <p style="font-size: 2em; font-weight: bold; text-align: center;">REINSTATEMENT 05-97</p>																				
<p>DOCUMENT # P93000052070</p> <p>1. Corporation Name OLDLAND FLORIDA ENTERPRISES, INC.</p>																						
<p>Principal Place of Business</p>		<p>Mailing Address</p>																				
<p>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</p>																						
<p>2. New Principal Office Address, If Applicable 400 Magog Road</p> <p>Suite, Apt. #, etc. North Hatley</p> <p>City & State Quebec</p> <p>Zip JOB 2C0</p> <p>Country Canada</p>		<p>3. New Mailing Address, If Applicable</p> <p>Suite, Apt. #, etc.</p> <p>City & State</p> <p>Zip</p> <p>Country</p>																				
		<p>4. Date Incorporated or Qualified To Do Business in Florida 07/23/1993</p> <p>5. FEI Number 65-0454739</p> <p>6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status</p>																				
<p>7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">Title(s)</th> <th style="width:30%;">Name of Officers and/or Directors</th> <th style="width:30%;">Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</th> <th style="width:30%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>D</td> <td>Oldland, John</td> <td>380 Gulf Blvd., Unit 6</td> <td>Boca Grande, FL 33921</td> </tr> <tr> <td>D</td> <td>Oldland, Alice</td> <td>Box 780 (N/A)</td> <td>Derby Line, VT 05830</td> </tr> <tr> <td>AS</td> <td>Rozar, Karen B.</td> <td>1201 Hays Street</td> <td>Tallahassee, FL 32301</td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: right; font-weight: bold;">100002243541--5</td> </tr> </tbody> </table>			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 / Zip	D	Oldland, John	380 Gulf Blvd., Unit 6	Boca Grande, FL 33921	D	Oldland, Alice	Box 780 (N/A)	Derby Line, VT 05830	AS	Rozar, Karen B.	1201 Hays Street	Tallahassee, FL 32301				100002243541--5
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 / Zip																			
D	Oldland, John	380 Gulf Blvd., Unit 6	Boca Grande, FL 33921																			
D	Oldland, Alice	Box 780 (N/A)	Derby Line, VT 05830																			
AS	Rozar, Karen B.	1201 Hays Street	Tallahassee, FL 32301																			
			100002243541--5																			
<p>8. Name and Address of Current Registered Agent</p>		<p>9. Name and Address of New Registered Agent</p> <p>Name CORPORATION SERVICE COMPANY</p> <p>Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street</p> <p>Suite, Apt. #, Etc.</p> <p>City Tallahassee</p> <p>State FL</p> <p>Zip Code 32301</p>																				
<p>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.</p> <p>Signature of Registered Agent:  Date: July 21, 1997</p> <p style="text-align: center;">Karen B. Rozar, As Its Agent</p>																						
<p>11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)</p>																						

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date _____ Daytime Phone # _____

CR2E040 (12/95)



P92

ACCOUNT NO. : 072100000032

REFERENCE : 468780 9236A

AUTHORIZATION : *Patricia Pizito*

COST LIMIT : \$ 1080.00

ORDER DATE : July 21, 1997

ORDER TIME : 9:37 AM

ORDER NO. : 468780-005

CUSTOMER NO: 9236A

CUSTOMER: Kathy Miller, Legal Asst
Alley Ingram & Buckler
701 East Washington Street

Tampa, FL 33602

DOMESTIC FILINGS

NAME: OLDLAND FLORIDA ENTERPRISES,
INC.

FILE FIRST

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder
EXAMINER'S INITIALS _____

DIVISION OF CORPORATION
97 JUL 22 AM 10:49