PLEASE READ ALL INSTRUCTIONS BE APPLICATION FOR FOR REINSTATEMENT PLEASE READ ALL INSTRUCTIONS BE FLORIDA DEPARTMENT C Sandra B. Mortha Secretary of State DIVISION OF CORPORATION			- · · ·		
DOCUMENT # P95000069672 1. Corporation Name				98 DEC 30 AMII: 04	
5715 MAJOR BOULEVARD INC.			SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business Mailing Address 2 St. Clair Avenue West Suite 701 Toronto, Ontario Canada M4V 1L5				STATEMENT 08	
If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 77 Bloor Street West 3. New Mailing Office Address, If Applicable			Date Incorporate	orated or Qualified	
Apt. #, etc. Suite, Apt. #, etc.			To Do Business in Florida 5. FEI Number		
Suite 2000 City & State Toronto, Ontario, Canada City & State	City & State			Applied For Not Applicable	
Zip M5S 1M2 Country Canada Zip	Cour	ntry	6. CERTIFICATE	S8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Flo					
Title(s) Name of Officers and/or Directors	(Street Address of Each Officer and/or Director Use Post Office Box N		City / State / Zip	
P/D Jonas J. Prince 2-St. Clair Avenue			est-	Toronto, Ontario Canada M4V 1L5	
s/d Geoffrey W. Squibb 2 St. Clai		ir Avenue W	est	Toronto, Ontario Canada M4V 1L5	
,			West, Suite Toronto, Ontario Ontario 755 M5S 1M2		
		Street West		Toronto, Ontario M5S 1M2	
900002730129-1				NB Ch	
***** (30°00 *****)31				12-30-0	
8. Name and Address of Current Registered Agent The Prentice-Hall Corporation System, Inc. Name C			9. Name and Address of New Registered Agent		
The Prentice-Hall Corporation Syste 1201 Hays Street Suite 105 Tallahassee, Florida 32301	Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street Suite, Apt. #, Etc.				
	City Tallaha	Tallahassee State 32301			
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. Raren B. Rozar, Asst. Sec. Signature of Registered Agent					
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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 filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR L Date Daytime Phone #					