

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 FEB 12 PM 4:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 996000062623

1. Corporation Name

SOUTH FLORIDA COMPLETION CENTER, INC.

2. Principal Office Address

5141 E. Perimeter Road

Suite, Apt. #, etc.

Hangar 37

City & State

Jt. Lauderdale, Florida

Zip

33309

Country

USA

3. Mailing Office Address

2085 Hurontario Street

Suite, Apt. #, etc.

200

City & State

Mississauga, Ontario

Zip

L5A 4G1

Country

Canada

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

July 26, 1996

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Sharlene Brenkus

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

225 Dania Beach Blvd. Ste. 210

Suite, Apt. #, Etc.

City

Dania, Florida

State
FL

Zip Code
33004

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Sharlene Brenkus	225 Dania Beach Blvd. Ste 210	Dania, FL 33004
P	Raymond F. Vanasse	2085 Hurontario St. Ste. 200	Mississauga, Ontario, L5A 4G1
ST	Roger W. Proctor	2085 Hurontario St. Ste. 200	Mississauga, Ontario, L5A 4G1

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Roger W. Proctor Sec/Treas. Jan. 17, 01 (905) 803-8898

Date

Daytime Phone #

CR2E081 (9/00)