

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

05 JUN -3 AM 11:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000082103

1. Corporation Name  
REIBANC USA, INC.

2. Principal Office Address  
340 12 AVENUE SW

3. Mailing Office Address  
340 12 AVENUE SW

Suite, Apt. #, etc.  
SUITE 1200

Suite, Apt. #, etc.  
SUITE 1200

City & State  
CALGARY, ALBERTA

City & State  
CALGARY, ALBERTA

Zip Country  
T2R 1L5 CANADA

Zip Country  
T2R 1L5 CANADA

**REINSTATEMENT 03-05**

4. Date Incorporated or Qualified  
To Do Business in Florida 10/04/1996

5. FEI Number 650704152  
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  
BRENDA HAMILTON

Street Address (P.O. Box Number is Not Acceptable)  
2 E CAMINO REAL

Suite, Apt. #, Etc.  
SUITE 202

City  
BOCA RATON

State Zip Code  
FL 33432

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

*[Handwritten Signature]*  
REGISTERED AGENT MUST SIGN

Date 05/27/2005

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
PSTD	DAVID CROMBIE	340 12 AVENUE SW, SUITE 1200	CALGARY, ALBERTA T2R 1L5

900055714369  
06/03/05--01037--007 \*\*1058.75

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

DAVID CROMBIE

05/27/2005

Date

Daytime Phone #

1 866 ( ) 996 3306

CR2E081 (01/05)