

FROM : Stewart A. Merkin, Esq.

PHONE NO. : 305 358 2490

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

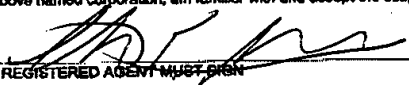
CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000084076			
1. Corporation Name FREFAX, INC.			
2. Principal Office Address 1255 Peel Street		3. Mailing Office Address	
Suite, Apt. #, etc. Suite 550		Suite, Apt. #, etc.	
City & State Montreal, Quebec, CANADA		City & State	
Zip H3B 2T9	Country	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida 09/26/97		5. FEI Number 659786722	
6. CERTIFICATE OF STATUS DESIRED ☐		Applied For ☐ Not Applicable	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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REINSTATEMENT 00-01

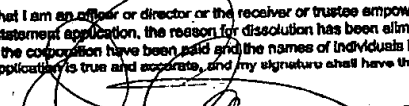
7. Name and Address of Current Registered Agent	
Name STEWART A. MERKIN, ESQ.	Address 444 Brickell Avenue, Suite 300
City Miami	State FL
Zip Code 33131	Country

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  **Date** 12/11/2001

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
CEO	JEAN-FRANCOIS AMYOT	18, ALFRED GREFFORD	CANADA N.-D.-ILE-PERROT, QUE. J7V9 1S8
PRES.	RAYMOND BOISVERT	117, ST-ANDRE ST. #505	CANADA QUEBEC CITY, QUE. G1R 9E6

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)(b), 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:  **JEAN-FRANCOIS AMYOT, PRES.** **Date** Dec 7, 2001 **Daytime Phone #** 514-398-0515