

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

96 OCT 30 PM 1:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F94000004213

1. Corporation Name

2319-3311 QUEBEC, INC.

Principal Place of Business

8325 PLACE RACINE  
BROSSARD QUEBEC, CA J4X 1T9

Mailing Address

8325 PLACE RACINE  
BROSSARD QUEBEC, CA J4X 1T9

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/15/1994

5. FEI Number

99-0121495

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	REMILLARD, RAYMOND	8325 PLACE RACINE	BROSSARD QUEBEC CANADA
V	FURINO, SALVATORE	25 NELLIGAN	KIRKLAND QUEBEC, CANADA
			500001998825--7 -11/07/96--01026--017 ****375.00 ****375.00
			REINSTATEMENT 1996
			10-30-96

8. Name and Address of Current Registered Agent

GOODMAN, WEBBER & HINDEN, P.A.  
6200 STIRLING ROAD  
DAVE FL 33314

9. Name and Address of New Registered Agent

Name

Marianne E. Knight, Esq.

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

10430 S.W. 20th Street

Suite, Apt. #, Etc.

City

Davie

State

FL

Zip Code

33324

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.

Signature of  
Registered Agent

Marianne E. Knight

REGISTERED AGENT MUST SIGN

Date

10/17/96

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. 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 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

Date

10/22/96

Daytime Phone #