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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 JUN 23 PM 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 514308

REINSTATEMENT 1978-06

CR2E081 (12/05)

1. Corporation Name
MAHOELL DEVELOPMENT CORPORATION INC

2. Principal Office Address	3. Mailing Office Address
113 CARTWRIGHT AVE	113 CARTWRIGHT AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TORONTO ONT	City & State: TORONTO ONT
Zip: M6A 1W4 Country: CANADA	Zip: M6A 1W4 Country: CANADA

4. Date Incorporated or Qualified To Do Business in Florida: OCT 21, 1976

5. FEI Number: 59-1713385 (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: JUDAH H. EVER C/O EVER & COMPANY
Street Address (P.O. Box Number is Not Acceptable): ONE FINANCIAL PLAZA
Suite, Apt. #, Etc.: 2100
City: FT LAUDERDALE State: FL Zip Code: 33394

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: 6-23-06

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	SIDNEY SILVERBERG	113 CARTWRIGHT AV.	TORONTO ONT M6A 1W4

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 contained in Chapter 119, 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: _____ SIDNEY SILVERBERG JUNE 23/06 416 789 0601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # ext 223

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Florida Department of State

Division of Corporations
Public Access System

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From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
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CORPORATION REINSTATEMENT

MAYDELL DEVELOPMENT CORPORATION, INC.

Certificate of Status	1
Certified Copy	0
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