

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 MAR 15 AM 9:36 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # 287913					
1. Corporation Name Canmont International, Inc.					
Principal Place of Business 901 EAST 10th AVENUE SUITE 11 Hialeah, FL 33016		Mailing Address ONE TAMPA CITY CENTER SUITE 1900 TAMPA, FL 33602-5163			
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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc		ONE TAMPA CITY CENTER SUITE 1900		59-1087489	
City & State		Tampa, FL		Applied For Not Applicable	
Zip		33602-5163		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
Country		USA		S8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title(s)		Name of Officers and/or Directors		Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	
1		2		3	
4		City / State / Zip		4	
P.D.		DALFEN, CELIA		4444 STE-CATHERINE WEST SUITE 100 WESTMOUNT QUEBEC, CANADA H3Z 1R2	
V.D.		DALFEN, LAYNE		4444 STE-CATHERINE WEST SUITE 100 WESTMOUNT QUEBEC, CANADA H3Z 1R2	
S.D.T.		DALFEN, MURRAY		4444 STE-CATHERINE WEST SUITE 100 WESTMOUNT QUEBEC, CANADA H3Z 1R2	
V.P.D.		DALFEN, Rhonda		4444 STE-CATHERINE WEST SUITE 100 WESTMOUNT QUEBEC, CANADA H3Z 1R2	
				400002814214-5 -03/22/99-01143-004 ****900.00 ****900.00	
8. Name and Address of Current Registered Agent					
THOMAS COBB COBB & EBB, P.A. MELLON UNITED NATIONAL BANK BUILDING 1399 S.W. FIRST AVENUE SUITE 301 MIAMI, FLORIDA 33130-4388					
9. Name and Address of New Registered Agent					
Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc City State FL Zip Code					
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 THOMAS C COBB REGISTERED AGENT MUST SIGN Date March 9, 1999					
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input type="checkbox"/> (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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Feb 9 / 99 514-938-1049 Daytime Phone #					