

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
00 MAR -6 AM 11:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #380312**

1. Corporation Name

Dominion Building & Development Corp.

2. Principal Office Address

15 McMurrich Street

Suite, Apt. #, etc.  
Suite 314

City & State

Toronto, Ontario

Zip  
M5R 3M6

Country  
CANADA

3. Mailing Office Address

15 McMurrich Street

Suite, Apt. #, etc.  
Suite 314

City & State

Toronto, Ontario

Zip  
M5R 3M6

Country  
CANADA

**REINSTATEMENT**

97-00

4. Date Incorporated or Qualified  
To Do Business in Florida

04/12/71

5. FEI Number

65-0186885

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

Corporate Access, Inc., a Florida corporation

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

236 E. 6th Avenue

Suite, Apt. #, Etc.

800003170458-0  
-03/15/00--01013--003  
\*\*\*1208.75 \*\*\*1208.75

City

Tallahassee

State

FL

Zip Code

32303

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.

Corporate Access, Inc., A Florida corporation

Signature of  
Registered Agent

*Day Bennett*

Date 03/ /00

REGISTERED AGENT MUST SIGN

**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
P/S/D	Cathy H. Roberts	15 McMurrich Street #314	Toronto, Ontario, Canada, M5R 3M6
V/T/D	G. Christopher Roberts	15 McMurrich St., #314	Toronto, Ontario Canada, M5R 3M6

LS

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

*Cathy H. Roberts*

Cathy H. Roberts

03/2/00 (416) 922-8148

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

RESIDENT

CR2E081 (9/99)