

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 19 PM 2:24

DOCUMENT # 475855

1. Corporation Name

CANADIAN MOTEL, INC.

2. Principal Office Address

1111 Lincoln Road

3. Mailing Office Address

507, Place d'Armes

Suite, Apt. #, etc.

Fourth Floor

Suite, Apt. #, etc.

Suite 1300

City & State

Miami Beach, FLORIDA

City & State

Montreal, QUEBEC

Zip

33139

Country

USA

Zip

H2Y 2W8

Country

CANADA

**4. Date Incorporated or Qualified
To Do Business in Florida**

04/29/1975

5. FEI Number

591640201

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 99-01

7. Name and Address of Current Registered Agent

Name

Mtre Eugene J. HOWARD

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

1111 Lincoln Road

Suite, Apt. #, Etc.

Fourth Floor

City

Miami Beach

State

FL

Zip Code

33139

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

EUGENE J. HOWARD REGISTERED AGENT MUST SIGN

Date 10/15/01

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	GODIN, André	1051 Cedarglen Gate #11	(Canada) Mississauga, Ontario, L5C 3A7
S	LEROUX, René	507 Place d'Armes, suite 1300	(Canada) Montreal, Quebec, H2Y 2W8

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)(f), 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

(René LEROUX)

10/09/2001

Date

(514) 282-1287

Daytime Phone #

CR2E081 (9/00)