

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 MAR 27 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT# 513228

1. Corporation Name

TOMLIN, INC.

2. Principal Office Address

101 Duncan Mill Road

Suite, Apt. #, etc.

Suite 408

City & State

Don Mills, Ontario

Zip

M3B 1Z3

Country

Canada

3. Mailing Office Address

101 Duncan Mill Road

Suite, Apt. #, etc.

Suite 408

City & State

Don Mills, Ontario

Zip

M3B 1Z3

Country

Canada

400005174254--8

-03/28/02--01024--009

***2836.25 ***2081.25

4. Date Incorporated or Qualified
To Do Business in Florida

08/27/1976

5. FEIN Number

59-1704912

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

David J. Wiener, Esq.

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

One North Clematis Street

Suite, Apt. #, Etc.

Suite 305

City

West Palm Beach

State

FL

Zip Code

33401

8. I, being appointed to register on behalf of the above named corporation, am familiar with and accept the obligations of section

0.0505 or 1.050, F.S.

Signature of
Registered Agent

Date

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit corporations must list at least two directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City/State/Zip
PTD	Thomas Meyer	101 Duncan Mill Rd, Ste. 408	Don Mills, Ontario M3B1Z3 Canada

REINSTATEMENT

8-3-02

T. Lewis 3/28/02

10. I certify that I am an officer or director or trustee or empowered to execute this application as provided for in chapter 001, F.S. If further certify that in filing this reinstatement application, the reason for dissolution has been eliminated, the corporation's name satisfies the requirements of section 0.001 or 1.001, F.S., total fees paid by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.00(1), F.S. The information indicated on this application is true and accurate, and my signatures shall have the same legal effect as if made under oath.

SIGNATURE:

THOMAS MEYER, PRESIDENT

02/22/02

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRZ081 (9/01)