PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

99 DEC 22 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # 579620

Corporation Name

MARWOOD PROPERTIES INC.

Principal Place of Business
3350 ULMERTON #1
CLEARWATER, FL.

Mailing Address
2171 AVENUE Rd
Suite 303
TORONTO
M5M4B4

REINSTATEMENT 98-99

If addresses are incorrect in any way, line through incorrect information and enter correction below.

New Principal Office Address, If Applicable
5396 GULF BOULEVARD
Apt. #, etc.
City & State
ST PETERSBURG Beach
Country
33707

3. New Mailing Office Address, If Applicable
see above.
Suite, Apt. #, etc.
City & State
Zip
Country

4. Date Incorporated or Qualified To Do Business In Florida 7/20/78

5. FEI Number 98-0064183 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	MAX BORINSKY	2171 AVENUE RD	TORONTO, ONTARIO M5M 4B4.

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****908.75 ****908.75

8. Name and Address of Current Registered Agent

GERALD FLANAGHAN
3350 ULMERTON SUITE 1
Clearwater.

9. Name and Address of New Registered Agent

Name: CAPITAL CONNECTION INC
Street Address (P.O. Box Number is Not Acceptable): 417 EAST VIRGINIA STREET
Suite, Apt. #, Etc.: SUITE #1
City: TALLAHASSEE
State: FL
Zip Code: 32301

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: Lauren Strong (REGISTERED AGENT MUST SIGN)
Date: 12-21-99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☑ (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: MAX BORINSKY 12/16/99 (416) 489-4455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER or DIRECTOR — Date — Daytime Phone #