

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 NOV 17 AM 8:59

SECRETARY OF STATE
TALLAHASSEE FLORIDA

200024171352
10/27/03--01084--021 **1958.75

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida 10/03/1978

5. FEI Number
591959520

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Michael J. Monchick, Esq.

Street Address (P.O. Box Number is Not Acceptable)
1803 South Australian Avenue

Suite, Apt. #, Etc.
Suite D

City
West Palm Beach

State
FL

Zip Code
33409

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

REGISTERED AGENT MUST SIGN

Date 10/29/03

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
President	Mac Allen / President	c/o 4211 Yonge Street Suite 230	Toronto, Ontario M2P 2A9 Canada

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

416-222-7184

CR2E081 (10/02)