PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
02 DEC -5 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 591420

REINSTATEMENT 87-02

1. Corporation Name
GREYWINDS FLORIDA, INC.

2. Principal Office Address	3. Mailing Office Address
2861 EXECUTIVE DR	
Suite, Apt. #, etc.: SUITE 100A	Suite, Apt. #, etc.:
City & State: CLEARWATER FL	City & State:
Zip: 33762 Country: USA	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: 10/27/1978
5. FEI Number: 59-1859769 (Applied For / Not Applicable)
6. CERTIFICATE OF STATUS DESIRED [X] $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: W.R. GARRETT
900009371299
12/05/02--01028--024 **2565.00
Street Address (P.O. Box Number Is Not Acceptable): 2861 EXECUTIVE DR
Suite, Apt. #, Etc.: SUITE 100A
City: CLEARWATER State: FL Zip Code: 33762

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: W R Garrett Date: 11/21/02
REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
S & T D	REYNOLDS, George	P.O. Box 26 55 St Clair Ave. W. Toronto M4V 2Y7	M4V 2Y7 TORONTO, ONTARIO, CANADA
V D	GARRETT, W.R.	2861 Executive Drive, Suite 100 A	Clearwater, Florida 33762
P & S D	HEASLIP, WILLIAM A.	55 St Clair Ave W. Suite 200, P.O. Box 26	Toronto, Ontario, Canada M4V 2Y7

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: G.A. Reynolds G.A. REYNOLDS 11/20/02 416-363-6306
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

jr 12/2