

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV 19 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F 00000000450

1. Corporation Name

Hummingbird USA Inc.

2. Principal Office Address

1 Sparks Avenue
Suite, Apt. #, etc.

3. Mailing Office Address

1 Sparks Ave.
Suite, Apt. #, etc.

City & State

Toronto, Ontario

City & State

Toronto, Ontario

Zip

Country

M2H2W1 Canada

Zip

Country

M2H2W1 Canada

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-1854426

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 01-04

7. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation, FL 33324

State

FL

Zip Code

33324

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

Michael J. Mitchell

Date

10/22/04

REGISTERED AGENT MUST SIGN

Assistant Secretary

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
PD	Fred E. Sorkin	93 Prue Avenue	Toronto, ON, CANADA M6B 1R6
D	Alan B. Litwin	71 Bayview Ridge	Toronto, ON, CANADA M2L 1E3
ST	Inder P.S. Duggal	332 Fern Avenue	Richmond Hill, ON, CANADA L4C 3P6
✓	Robert Berkow	454 West 46th Street	New York, New York 10036

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

Oct 21, 2004 416-496-2200

Date

Daytime Phone #