FILED

07 AUG 29 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (1/07)

DOCUMENT # F00000004030

1. Corporation Name

800743 Alberta Ltd., Inc.

2. Principal Office Address - No P.O. Box #
417 Lakeshore Road East

Suite, Apt. #, etc.

City & State
St. Catharines, Ontario

Zip: L2R 7K6
Country: Canada

3. Mailing Office Address
same

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida 07/18/2000

5. FEI Number
Alberta Corporation

☐ Applied For
☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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

State: FL
Zip Code: 33324

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: [signature] JAMES M. NEWSOME
Special Assistant Secretary
REGISTERED AGENT MUST SIGN

Date: 8/29/07

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D/VP	James Johnson	417 Lakeshore Road East	St. Catharines, Ontario L2R 7K6
Pres.	Daniel Earle	417 Lakeshore Road East	St. Catharines, Ontario L2R 7K6
VP	Douglas Earle	417 Lakeshore Road East	St. Catharines, Ontario L2R 7K6
D/VP & S	Stephen Finch	417 Lakeshore Road East	St. Catharines, Ontario L2R 7K6
	RH		

REINSTATEMENT 08/07

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 filed 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 contained in Chapter 119, 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] Stephen Finch, V.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 8/23/07
Daytime Phone #: 905-646-6274

Florida Department of State

Division of Corporations

Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000217349 3)))

H07000217349 3ABCO

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5926

CORPORATION REINSTATEMENT

800743 ALBERTA LTD., INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$1,500.00

RH

Electronic Filing Menu Corporate Filing Menu Help