

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 22 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F00000006302

1. Corporation Name

Majestic Thoroughbred Investments Inc.

2. Principal Office Address

307 High Street

Suite, Apt. #, etc.

City & State

Whitby Ontario

Zip

L1N 5H7

Country

Canada

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified

To Do Business in Florida March 25, 1992

5. FEI Number

95-0356346

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 01-04 WLP

7. Name and Address of Current Registered Agent

Name

Richard P. Breger, P.A.

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

20801 Biscayne Boulevard

Suite, Apt. #, Etc.

Suite 403

City

Aventura

State

FL

Zip Code

33180

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]

REGISTERED AGENT MUST SIGN

Date

3/24/04

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
①	Bruce Paquette	1333 Bloor Street Suite 2504	Mississauga Ontario L4Y 3T6
②	Marc A Renaud	307 High Street	Whitby Ontario L1N 5H7
	① President		
	② Secretary		

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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] Marc A Renaud

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/3/04

Daytime Phone #

905-666-2720

CP25081 (01/04)