

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **F01000000737**

1. Corporation Name

THE ADMINISTRATIVE ASSISTANTS LTD, CO.

Principal Place of Business

4480 HARVESTER RD.
BURLINGTON
ONTARIO L7L 4X2 CANADA

Mailing Address

4480 HARVESTER RD.
BURLINGTON
ONTARIO L7L 4X2 CANADA

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/08/2001

5. FEI Number

98-0223340

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	CURRIE, BRIAN	4480 HARVESTER RD.	BURLINGTON, ONTARIO, CANADA
VS	BALDWIN, DEBORAH	4480 HARVESTER RD.	BURLINGTON, ONTARIO, CANADA
D	CURRIE, TIM	4480 HARVESTER RD.	BURLINGTON, ONTARIO, CANADA

8. Name and Address of Current Registered Agent

CORPAMERICA, INC.
416 S.E. 15 STREET
FORT LAUDERDALE FL 33316

9. Name and Address of New Registered Agent

Name

LEXIS NEXIS DOCUMENT SOLUTIONS INC

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

3953 W.W. KELLEY ROAD

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32311

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

LexisNexis Document Solutions Inc.

Signature of
Registered Agent

Susan Galbreath
SIGNATURE REQUIRED
Assistant Secretary

Date **November 19, 2002**

Susan Galbreath REGISTERED AGENT MUST SIGN

11. 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 REQUIRED
Susan Galbreath

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nov 17, 2002

Date

Daytime Phone #

FILED

02 NOV 25 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT **2002**

4000009214664
11/28/02--01006--002 **750.00

CR2ED40 (8/02)