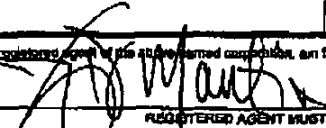
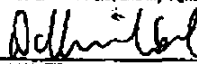


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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 10200000283			
1. Corporation Name Storied Places, Inc.			
2. Principal Office Address - No P.O. Box # 221 Corporate Circle		3. Mailing Office Address 221 Corporate Circle	
Suite, Apt. #, etc. Suite Q		Suite, Apt. #, etc. Suite Q	
City & State Golden, CO		City & State Golden, CO	
Zip 80401	Country USA	Zip 80401	Country USA
4. Date Incorporated or Qualified To Do Business in Florida 01/17/02			
5. FBI Number 84-1609903		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☐ See Instructions for details			
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
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  James Martin Assistant Secretary Date 10/3/07 REGISTERED AGENT MUST SIGN			
9. Name and Street Address of Each Officer and/or Director (Florida non-profit 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
	See Attached		
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:  DAVID BLACKLOCK Date Sept 30/07 604-669-9777 SIGNATURE AND TYPED OR PRINTED NAME OF SENDING OFFICER OR DIRECTOR			

FL610 - 6/19/01 CT System Outline

2 of 3

Directors and Officers of Storied Places, Inc.

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City/State/Zip
D	Randal A. Nardone	1345 Avenue of the Americas 46 th Floor	New York, NY USA 10105
D	Jeffrey R. Rosenthal	1345 Avenue of the Americas 46 th Floor	New York, NY USA 10105
D	William Doniger	1345 Avenue of the Americas 46 th Floor	New York, NY USA 10105
P	Alex Wasilov	#800 - 200 Burrard Street	Vancouver, BC Canada V6C 3L6
VP	David Brooks	1345 Avenue of the Americas 46 th Floor	New York, NY USA 10105
VP	Tobia Ippolito	1345 Avenue of the Americas 46 th Floor	New York, NY USA 10105
VP	Michael Forsayeth	#800 - 200 Burrard Street	Vancouver, BC Canada V6C 3L6
VP	Steve Sammut	#800 - 200 Burrard Street	Vancouver, BC Canada V6C 3L6
VP	Linda Priest	#800 - 200 Burrard Street	Vancouver, BC Canada V6C 3L6
S	David Blaiklock	#800 - 200 Burrard Street	Vancouver, BC Canada V6C 3L6

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Florida Department of State
Division of Corporations
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Fax Number : (850) 617-6384

From:

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

CORPORATION REINSTATEMENT

STORIED PLACES, INC.

Certificate of Status	0
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