APPROVED AND FILED
04 NOV 10 AM 9:37
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

DOCUMENT # F02000005610

1. Corporation Name
EDR CREDIT RECOVERY LTD. INC.

REINSTATEMENT 03-04

10/2/03 - 01077 020 550

2. Principal Office Address	3. Mailing Office Address
438 MAIN STREET	9120 LESLIE STREET
Suite, Apt. #, etc. SUITE 200	Suite, Apt. #, etc. SUITE 210
City & State BUFFALO, NEW YORK	City & State RICHMOND HILL, ON
Zip 14202 Country U.S.A.	Zip L4B 3J9 Country CDA

4. Date Incorporated or Qualified To Do Business in Florida 8/7/02

5. FEI Number 41-2059261 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee Required for a Certified Copy

7. Name and Address of Current Registered Agent

Name: CT Corporation
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 ____ REGISTERED AGENT MUST SIGN PETER F. SOUZA ASSISTANT SECRETARY Date 10/19/04

CR2E081 (01/04)

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
P	NICHOLAS A. PAPEO	9120 LESLIE ST. #210	RICHMOND HILL, ONT. CDA L4B 3J9

100042536941
11/10/04--01046--007 **350.00

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: ____ OCT. 18 2004 905-771-6000 x222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: NICHOLAS A. PAPEO
Date Daytime Phone #