

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 NOV 30 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F03000000144

1. Corporation Name
Kolter Realty, Inc.

700043220237
12/06/04--01068--014 **750.00

2. Principal Office Address
2200 Yonge Street

3. Mailing Office Address
2200 Yonge Street

Suite, Apt. #, etc.
Suite 1600

Suite, Apt. #, etc.
Suite 1600

City & State
Toronto, Ontario

City & State
Toronto, Ontario

Zip
M4S 2C6

Country
Canada

Zip
M4S 2C6

Country
Canada

4. Date Incorporated or Qualified
To Do Business in Florida 1/10/2003

5. FEI Number
N/A

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

Suite, Apt. #, Etc.

City
Tallahassee

State
FL

Zip Code
32301

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

Jeanine Reynolds
as its agent

Date 11-30-04

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
DP	Robert Julien	2200 Yonge Street, Suite 1600	Toronto, Ontario Canada M4S 2C6
DVP	Delia Moog	2200 Yonge Street, Suite 1600	Toronto, Ontario Canada M4S 2C6
DVPS	Michael Clarke	2200 Yonge Street, Suite 1600	Toronto, Ontario Canada M4S 2C6

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Julien, President

11/ 30 / 2004

Date

Daytime Phone #

CR2E081 (01/04)