

2006 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT 06

DOCUMENT # F03000003382

1. Entity Name
RAND TECHNOLOGIES OF MICHIGAN INC.



SECRET
DIVISION

06 OCT 20 AM 8:30

Principal Place of Business
8001 SWEET VALLEY DR
VALLEY VIEW, OH 44125

Mailing Address
5285 SOLAS DR.
MISSISSAUGA ONTARIO CANADA
L4W 5B8, XX

900081085099
10/20/06--01065--017 **158.75



2. Principal Place of Business
8001 Sweet Valley Dr.
Suite, Apt. #, etc.

3. Mailing Address
5285 Solar Dr.
Suite, Apt. #, etc.

City & State
Valley View, OH
Zip
44125
Country
USA

City & State
Mississauga, ON
Zip
L4W 5B8
Country
CANADA

10122006 REIN-P CR2E098 (11/05)

4. FEI Number
38-2850507
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE PETER SOUZA

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

OCTOBER 12, 2006

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SEMKIW, BRIAN 94 BEL AIR DRIVE OAKVILLE, ONTARIO CANADA, l6j 7n1	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BALDESARRA, FRANK 1170 OLD DERRY ROAD MISSISSAUGA, ONTARIO, L4W1A1	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SEMKIW, DENNIS 4110 MOLLY AVENUE MISSISSAUGA, ONTARIO, L4Z1E2	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO BUSH, KRISS 1319 GREEN EAGLE DRIVE OAKVILLE, ONTARIO CANADA, l6m 2n1	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SEMKIW, BRIAN W. 2020 LAKESHORE RD. OAKVILLE, ONTARIO, CANADA L6J 1M3	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BALDESARRA, GIANFRANCO 1170 OLD DERRY ROAD MISSISSAUGA, ONTARIO, CANADA L4W 1A1	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEMKIW, DENNIS C. 4110 MOLLY AVE. MISSISSAUGA, ONTARIO, CANADA L4Z 1E2	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO4T GIMON, PETER W. 2076 WATERBRIDGE DR. BURLINGTON, ONTARIO, CANADA L7M 3V9	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHIEKH, JEOFF P. 7 LAURALYNN CRESCENT TORONTO, ONTARIO, CANADA M1S 2H3	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP OSWALD, JOE A. 2248 CAROL ROAD OAKVILLE, ONTARIO, CANADA L6J 5L1	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jeff P. Shiekh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

905-625-2000

Daytime Phone # 1-240