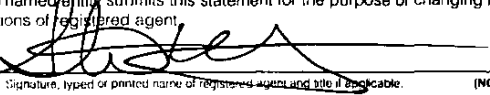


2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 NOV 13 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F04000006792					
1. Entity Name 1636686 ONTARIO INC.					
Principal Place of Business 532 EGLINTON AVENUE TORONTO, ONTARIO CANADA M4P 1N6,			Mailing Address 532 EGLINTON AVENUE TORONTO, ONTARIO CANADA M4P 1N6,		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc. 532 EGLINTON AVE. E.			Suite, Apt. #, etc. 532 EGLINTON AVE. E.		
City & State TORONTO, ONTARIO			City & State TORONTO, ONTARIO		
Zip M4P 1N6		Country CANADA		Country CANADA	
4. FEI Number NOT APPLICABLE			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent WILSEY, STEVEN M ESQ 275 FOURTH STREET NORTH ST PETERSBURG, FL 33701-3209			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  (NOTE: Registered Agent signature required when reinstating) 11/9/06					
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 STARR, KAY 532 EGLINTON AVENUE TORONTO ONTARIO CANADA M4P1N,			TITLE NAME STREET ADDRESS CITY ST ZIP 200082368852 12/07/06--01051--005 **150.00		
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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: 			Oct. 23, 2006 905-896-4552		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		