## 2007 FOR PROFIT CORPORATION REINSTATEMENT

## FILFD DOCUMENT # F05000000884 1. Entity Name 07 OCT 15 PM 4: 25 LES GESTIONS TAIGA INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business 1120 BOULEVARD DE LA RIVE SUD, LOCAL 240 1120 BOULEVARD DE LA RIVE SUD, LOCAL 240 SAINT-ROMUALD SAINT-ROMUALD QUEBEC CANADA G6W 5M6. QUEBEC CANADA G6W 5M6. 2. Principal Place of Business - No P.O. Box # Mailing Address 14, BOUL DE PARIVE Suite, Apt. #, etc. Suite, Apt. #, etc 4. FEI Number Applied For City & State NOT APPLICABLE ~8*∕*6€ C Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CARBONNEAU, SERGE Street Address (P.O. Box Number is Not Acceptable) 2251 NW 48TH TERRACE, APT. 200 LAUDERHILL, FL 33313 City Zip Code FL 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 ag-SERGE CARBONNEAU (NOTE: Registered Agent signature required when reinstating) SIGNATURE FILE NOW!!! FEE IS \$750.00 After January 1, 2008, Fee will be \$900.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete Change Addition TITLE THE **800111493848** 10/30/07--01031--009 \*\*750.00 CARBONNEAU, SERGE NAME NAME STREET ADDRESS 7001 RUE DES GREEBES STREET ADDRESS CHARNY, QUEBEC CANADA G6X2B7, CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE 10**50011ddd133848** NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP ☐ Delete ☐ Change ■ Addition HILE NAME MAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TRUE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 eath; 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 accress, with all other like empowered. SEAGE CALBONNEAU ROADIRECTOR SIGNATURE: SIGNATURE AND TYPED OR PRINTED