

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

98 JUL 20 AM 11:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F02377**

1. Corporation Name

**G. DESMAR INC.**

**W99-16295**

Principal Place of Business

Mailing Address

**425 LOCKHART  
MT-ROYAL, QUEBEC, CANADA  
H3P 1Y6**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

**REINSTATEMENT**

**9298**

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

**FEBRUARY 16, 1982**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

**98-0056938**

Applied For

Not Applicable

City & State

City & State

**MONTREAL, QUEBEC**

Zip

Country

Zip

Country

**H3Z 1W7**

**CANADA**

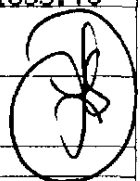
6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PSD/TO	DESMARIS, GERARD	425 LOCKHART, MT-ROYAL,	MT-ROYAL, QUEBEC, CANADA H3P 1Y6

9100002598179--7  
-07/24/98--01091--019  
\*\*\*1833.75 \*\*\*1833.75



8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**GERALD GREENSPON  
1200 BISCAYNE BLVD  
SUITE 204  
NORTH MIAMI, FL 33181**

Name

**CT CORPORATION SYSTEM**

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

**1200 SOUTH PINE ISLAND ROAD**

Suite, Apt. #, Etc.

City

**PLANTATION**

State

**FL**

Zip Code

**33324**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

*Kimberly D. Gilbertson* ASST. Secy  
REGISTERED AGENT MUST SIGN

Date **7/11/98**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes  No

(See other side for information on intangible tax.)

12. 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: *Gerard Desmaris*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (1/98)