

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 22 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000001826

1. Corporation Name

LES INVESTISSEMENTS SERVAY INC.

Principal Place of Business

6301 NORTHCREST PL
5-L
MONTREAL QC H3S- 2W4
CA

Mailing Address

6301 NORTHCREST PL
5-L
MONTREAL QC H3S- 2W4
CA

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

2721 EXECUTIVE PK DR
SUITE 3
WESTON, FL
33331

4. Date Incorporated or Qualified
To Do Business in Florida

04/14/1993

5. FEI Number

98-0013785

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	SERVAY, WILLIAM	6301 NORTHCREST PL, 5-L	MONTREAL, QC CA H3S

300024023593
10/22/03 01064 023 **150.00

10/10/28

8. Name and Address of Current Registered Agent

HUME, JOHN
1401 UNIVERSITY DR.
SUITE 301
CORAL SPRINGS FL 33071

9. Name and Address of New Registered Agent

Name
PAUL SALVER, ESQ.
Street Address (P.O. Box Number is Not Acceptable)
2721 EXECUTIVE PARK DRIVE
Suite, Apt. #, Etc.
SUITE 3
City
WESTON
State
FL
Zip Code
33331

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE OF REGISTERED AGENT

REGISTERED AGENT MUST SIGN

Date 10/17/03

11. 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

WILLIAM SERVAY

2003-10-16 (514) 744-9944

Date

Daytime Phone #

CR2E040 (7/03)



PANAGOS SALVER & COOK LLP

Certified Public Accountants

October 20, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Les Investissements Servay, Inc.

Dear Sir or Madam,

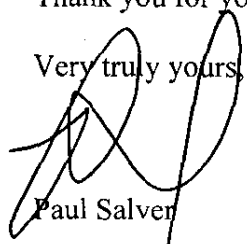
With respect to the enclosed application for reinstatement please be advised that the taxpayers mailing address is out of the country. The manner in which it has been set-up in your database, has caused almost all of the mailings to this address in Canada to be lost. Every third or fourth piece of mail actually makes it through to the proper address.

As a result of the above, the taxpayer did not receive either of its notices for filing its Uniform Business Report for the year 2003.

As you can see, the subject corporation has now changed its mailing address and its Registered Agent to a Florida address to insure proper receipt of the annual documents. Based on the above, we respectfully request that the taxpayer be granted the opportunity to reinstate its corporation by payment of the regular annual filing fee which is enclosed herein.

Thank you for your kind consideration.

Very truly yours,



Paul Salver

Cc: Servay Investments, Inc.