

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F93000002626**

1. Corporation Name

164849 CANADA INC.

Principal Place of Business

Mailing Address

**5353 GULF BLVD
ST PETE BCH
TAMPA FL 33706
US**

**1155 BLVD
RENE-LEVESQUE WEST 3403
MONTREAL QU H3B3T
CA**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

8 REDPATH COURT

MONTREAL, QUEBEC

H3G 1E1 CANADA

4. Date Incorporated or Qualified
To Do Business in Florida

06/01/1993

5. FEI Number

59-2932927

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
CPVS	PINKER, HARRY	1155 BLVD RENE LEVESQUE W #3403	MONTREAL QU H3B3
CPVS	PINKER, HARRY	8 REDPATH COURT	MONTREAL, QC. CANADA

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**BROIDA & NAPIER, P.A.
605 - 75TH AVENUE
ST. PETERSBURG FL 33708**

Name

HARRY PINKER

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

5353 GULF BLVD

Suite, Apt. #, Etc.

146

City

ST. PETE BEACH

State

FL

Zip Code

33706

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date **OCT 23, 2001**

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 REQUIRED (HARRY PINKER)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OCT 23/2001 (514) 879-9600

Date

Daytime Phone #

CR2E040 (801)