

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **F94000002793**

1. Corporation Name

ROYKER INVESTMENTS LIMITED CORP.

Principal Place of Business

Mailing Address

~~P.O. BOX 400~~
~~ST. CATHERINE'S ONTARIO, CA L2R6V0~~

~~P.O. BOX 400~~
~~ST. CATHERINE'S ONTARIO, CA L2R6V0~~

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

2. New Principal Office Address, If Applicable

96 Church St.
Suite, Apt. #, etc.

ST. CATHERINE'S
City & State

ONTARIO L2R3C8
Zip

Country
CANADA

3. New Mailing Office Address, If Applicable

c/o Brunton Registered Agents
Suite, Apt. #, etc.

4710 NW BOCA RATON BLVD
City & State

#101 BOCA RATON FLORIDA
Zip

Country
USA

4. Date Incorporated or Qualified
to Do Business in Florida

05/27/1994

SP

5. FEI Number

NOT APPLICABLE

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 |
|---------------|---|--|------------------------------|
| PD | HOWE, RAYMOND | 32 BARBICAN TRAIL | ST CATHERINE ONTARIO |
| SD | HOWE, THERESA A | 2 VERDUN AVE | ST CATHERINE ONTARIO |
| D | HOWE, MICHAEL | 4 WILLCHER DR | ST CATHERINE ONTARIO |
| D | HOWE, KERRY T JR. | 15 PINE ST. | ST CATHERINE ONTARIO |
| D | DEGASPERIS, MARY-TERESA | 68 ROYAL HENLEY BLVD. | ST. CATHERINES ONTARIO L2M4S |
| D | COLACARRO, SHEILA | 3 VILLAGE GREEN | ST CATHERINE ONTARIO |

8. Name and Address of Current Registered Agent

BRUNTON REGISTERED AGENTS, INC.
4710 NW BOCA RATON BLVD., #101
BOCA RATON FL 33431

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc. 888883063508-2
City FL
Date 11/17/99
Time 12/07/99--01082--016
Phone 750.000.0000
Fax 750.000.0000

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

X

REQUIRED
REGISTERED AGENT MUST SIGN

Date 11/17/99

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:

REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nov 17/99

905 688 1012

Date

Daytime Phone #