

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **F95000000933**

1. Corporation Name

CADIM FLORIDA (U.S.) INC.

Principal Place of Business

430 PARK AVE.
10TH FLOOR
NEW YORK NY 10022

Mailing Address

430 PARK AVE.
10TH FLOOR
NEW YORK NY 10022

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

02/24/1993

5. FEI Number

13-3801176

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD	MATHEU, GERMAN	383 RUE ST-JACQUES	MONTREAL, QUEBEC H2Y 1N9
V	DUHAIME, PIERRE	383 RUE ST-JACQUES	MONTREAL, QUEBEC H2Y 1N9
SVD	SCARRE, JEAN-CLAUDE	383 RUE ST-JACQUES	MONTREAL, QUEBEC H2Y 1N9
V	DROUIN, SYLVIE	383 RUE ST-JACQUES	MONTREAL, QUEBEC H2Y 1N9
DV	AUGLAR, BENIG	383 RUE ST-JACQUES	MONTREAL, QUEBEC H2Y 1N9
V	COLLIN, ANDRE	383 RUE ST-JACQUES	MONTREAL, QUEBEC H2Y 1N9
T	CHAREST, ANDRE-	383 RUE ST-JACQUES	MONTREAL, QUEBEC H2Y 1N9
AS	DESNOYERS, PIERRE	430 PARK AVE.	NEW YORK NY 10022
	GARTNER, GARY		

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

10. I, being appointed the registered agent of the above named corporation, hereby accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY

Date

11/6/96

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANDRE COLLIN, DIRECTOR, VICE PRESIDENT

Date

Daytime Phone #

19/09/96

(514) 841-0370