

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # F95000001034

1. Corporation Name

MARWOOD PROPERTIES FLORIDA, INC.

Principal Place of Business

2171 AVENUE ROAD SUITE 303
TORONTO ONTARIO
M5M 4B4 CANADA

Mailing Address

2171 AVENUE ROAD SUITE 303
TORONTO ONTARIO
M5M 4B4 CANADA

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

3350 ULMERTON RD. E.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 1

City & State

City & State

CLEARWATER, FL

Zip

Country

Zip

Country

34622-2236

4. Date Incorporated or Qualified
To Do Business in Florida

03/03/1995

5. FEI Number

98-0064183

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	BORINSKY, MAX	2171 AVE RD SUITE 303/TORONTO ON	CANADA M5M 4B4
VD	BORINSKY, MARK S	2171 AVE RD SUITE 303/TORONTO ON	CANADA M5M 4B4

300002391833 - 4
-01/06/98--01106--025
****750.00 ****750.00

8. Name and Address of Current Registered Agent

FLANAGAN, G.J.
SUITE 1
3350 ULMERTON ROAD EAST
CLEARWATER FL 34622

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

12/22/97

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Dec 5, 1997 (416) 489-4433

FILED

98JAN-2 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

CD

CR2E040 (8/97)