

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1002

APPLICATION
FOR

OFFICE OF A DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F95000001107

1. Corporation Name

CINTEL U.S. PROPERTIES, INC.

Principal Place of Business

1090 DON MILLS ROAD, STE 600
DON MILLS, ONTARIO M3C 3R6
CA

Mailing Address

1090 DON MILLS ROAD, STE 600
DON MILLS, ONTARIO M3C 3R6
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

4. Date Incorporated or Qualified
To Do Business in Florida

03/08/1995

5. FEI Number

98-0115501

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
DC	MORTON, PAUL	1090 DON MILLS ROAD, STE 600	DON MILLS, ONTARIO M3C 3R6
DP	MORTON, HENRY	1090 DON MILLS ROAD, STE 600	DON MILLS, ONTARIO M3C 3R6

600009047346
11/18/02--01052--003 **150.00

8. Name and Address of Current Registered Agent

SLATER, JOEL K
5145 CITY STREET
ORLANDO FL 32839

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

CR2E040 (8/02)

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]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

Nov 6/02

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

Date

Daytime Phone

Nov 1/02 416 444 6660 X3

202

CINITEL U.S. PROPERTIES.

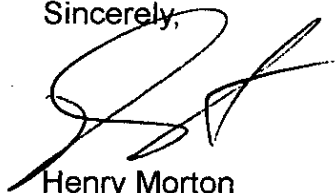
November 4, 2002

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, Florida 32314-6327

Dear Sir or Madam:

We are enclosing our application for reinstatement. We did not receive the original annual reports, and are therefore paying the \$150 annual fee.

Sincerely,

A handwritten signature in black ink, appearing to be "H. Morton", written over a horizontal line.

Henry Morton
President