

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

FILED

96 NOV 12 AM 8:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F95000002731

1. Corporation Name

TREATS INTERNATIONAL, INC.

Principal Place of Business

418 PRESTON STREET  
OTTOWA, ONTARIO K1S 4N2  
CANADA

Mailing Address

418 PRESTON STREET  
OTTOWA, ONTARIO K1S 4N2  
CANADA



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

4. Date Incorporated or Qualified  
To Do Business in Florida

06/07/1995

5. FEI Number

06-1309896

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<br>Title(s) | 2<br>Name of Officers<br>and/or Directors | 3<br>Street Address of Each<br>Officer and/or Director<br>(Do NOT Use Post Office Box Numbers) | 4<br>City / State / Zip   |
|---------------|---|--|---|
| -PDS-<br>DS   | GIBSON, PAUL                              | 1502 BOURCIER DRIVE/ ORLEANS, ON   | CANADA K1E 3J6  |
| -JD--<br>D    | DEKNATEL, JOHN                            | 1502 BOURCIER DRIVE/ ORLEANS, ON   | CANADA K1E 3J6  |
| -CPOT-        | DEAN, DAVID                               | 128 PINERIDGE ROAD/ CARP, ONTARI   | CANADA K0A 1E0  |
| VDS           | ERHARD SOMMER                             | 346 TANAGER COURT  | LAKELAND, FL 33803  |
|               |   |  | 200002003602--4<br>-11/13/96--01176--003<br>****175.00 ****175.00 |
|               |   |  | JBH-12-96   |

8. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

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, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Paul Gibson*

AS IT'S AGENT

REGISTERED AGENT MUST SIGN

Date 11/8/96

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:

*Paul Gibson*

Paul Gibson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/5/96  
Date

613-563-4073  
Daytime Phone

CR2EDM0 (7/96)