

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**FILED**  
 05 MAY -3 AM 11:38  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**CORPORATION  
 REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **F95000004035**

1. Corporation Name

**EBENISTERIE BEAUBOIS LTEE**

2. Principal Office Address  
**521 6TH AVENUE**

3. Mailing Office Address  
**521 6TH AVENUE**

Suite, Apt. #, etc.  
**ST GEORGES**

Suite, Apt. #, etc.  
**ST GEORGES**

City & State  
**QUEBEC, CANADA - 5B7**

City & State  
**QUEBEC, CANADA - 5B7**

Zip Country

Zip Country

4. Date Incorporated or Qualified  
 To Do Business in Florida

5. FEI Number  
**98-0168053**

Applied For  
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required  
 for a Certificate of Status

RECEIVED... 04-25  
 4/30/04 90337 044 150.00  
 7. Returns MAY 11 2005

7. Name and Address of Current Registered Agent

Name

**JAMES J. HOCTOR**

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

**215 NORTH EOLA DRIVE**

Suite, Apt. #, Etc.

**700054334237**  
**05/12/05--01064--009 \*\*75 8.75**

City

**ORLANDO**

State  
**FL**

Zip Code  
**32801**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
 Registered Agent

**JAMES J. HOCTOR**

REGISTERED AGENT MUST SIGN

Date

**4/26/05**

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
S	POMERLEAU, HERVE	1650 11 AVENUE	ST. GEORGES QUEBEC, CANADA G5-Y526
D	LACOMBE, FRANCOIS	974 ST CHARLES	BEAUCEVILLE QUEBEC, CANADA G5X-1A9
P	POMERLEAU, PIERRE	633 BOUL LAIRD	VILLE MT. ROYAL QUEBEC, CANADA H3R-1Y5
S	Arguin, Daniel	521 6e avenue	St Georges Québec, Canada G5Y 5B7

10. 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

**DANIEL ARGUIN**

Date

**04/27/2005**

Daytime Phone #

**418-228-5104**

CR2E081 (01/05)