

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 # F96000000099

1. Corporation Name

EL BRILLO PROPERTIES LIMITED COMPANY

Principal Place of Business
% CANADA TRUST COMPANY
110 YONGE ST., 4TH FL.
TORONTO, ONTARIO M5C 1T4

Mailing Address
% CANADA TRUST COMPANY
110 YONGE ST., 4TH FL.
TORONTO, ONTARIO M5C 1T4

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

01/04/1996

5. FEI Number

98-0064234

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

FILED

97 DEC 10 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 97ad

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
CDP	GOODERHAM, EDWARD D	330 RIVERVIEW DR.	TORONTO, ONT., CANADA M4N
DV	FENNELL, CECIL	8 KING ST. E., STE. 1112	TORONTO, ONTARIO, CANADA M5C
DT	NICHOLSON, MURRAY T	110 YONGE ST.	TORONTO, ONTARIO, CANADA M5C

8000002370028--J
-12/12/97--01004--010
******750.00 ****750.00**

8. Name and Address of Current Registered Agent

HARRIS, RICHARD
% SCOTT, ROYCE, HARRIS, BRYAN ET AL
4400 PGA BLVD., STE. 800
PALM BEACH GARDENS FL 33410

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

[Signature]
REGISTERED AGENT MUST SIGN

Date **12/5/97**

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

Murray T. Nicholson Nov. 7/97 416-809-6218
Date Daytime Phone #

CPRE040 (8/97)