

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000000626

1. Corporation Name

JASON-CRAIG ASSOCIATES, INC.

06 MAY 12 11:18

600075268946
05/25/06--01018--019 **458.75

REINSTATEMENT 04-06

CR2E081 (12/05)

2. Principal Office Address

1501 Pinetree Crescent

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Mississauga, ONT

City & State

Zip

L5G 259

Country

CANADA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

2/7/1996

5. FEI Number

98-0042196

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

David M. Platt

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

1648 Periwinkle Way

Suite, Apt. #, Etc.
Suite B

City

Sanibel

State

FL

Zip Code

33957

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

[Signature]

Date

5/10-06

REGISTERED AGENT MUST SIGN

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
PC	Smith, Paula H.	1501 Pinetree Crescent	Mississauga, ONT Canada L5G 259
DV	Smith, Craig G.	14 Kingsmill Road	Toronto, ONT Canada M8X-2N8
SD	Smith, Jason D.	208 Flanders Rd.	Tecumseh, ONT Canada N8N-3-3
DV	Smith, Christine P.	500 Richmond ST. W PH 27	Toronto, ONT Canada MS-VI-2

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 contained in Chapter 119, 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

Paula H. Smith

Date

28-04-06

Daytime Phone #

416 205 9222

Y226

B. Mitchell MAY 18 2006



Henderson|Franklin
ATTORNEYS AT LAW

Island Medical & Business Center
1648 Periwinkle Way, Suite B • Sanibel, FL 33957
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Reply to
David M. Platt
Licensed in Florida and Michigan
Direct Dial Number 239.344.1355
E-Mail: david.platt@henlaw.com

May 1, 2006

VIA FEDERAL EXPRESS

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: Reinstatement of Jason-Craig Associates, Inc.
Doc #F9600000626

Dear Ladies/Gentlemen:

Enclosed for filing please find a Corporate Reinstatement for the above entitled corporation signed by the Director, and executed by the Resident Agent.

Based on my telephone conversation with the Department, it is my understanding that the Department will waive the reinstatement fee of \$600, as the corporation did not receive the annual report notice in the year of revocation. We are, therefore, enclosing a reinstatement fee of \$450, representing the annual report fee, the corporate supplemental fee and an additional \$8.75 for a certificate of status.

Please forward the Certificate of Status to me. I have enclosed a prepaid Federal Express shipping label and envelope for its overnight return when issued.

Should you have any questions, please telephone me at 239.344.1355 or email me at david.platt@henlaw.com.

Sincerely,



David M. Platt

DMP/iep
Enclosures