

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000002642

1. Corporation Name

ELLISDON CONSTRUCTION, INC.

2. Principal Office Address

2045 OXFORD ST. E.

3. Mailing Office Address

2045 OXFORD ST. E.

Suite, Apt. #, etc.

PO BOX 5093

Suite, Apt. #, etc.

PO BOX 5093

City & State

LONDON, ONTARIO

City & State

LONDON, ONTARIO

Zip

N6A 4M6

Country

CANADA

Zip

N6A 4M6

Country

CANADA

REINSTATEMENT

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

05/28/1996

5. FEI Number

91-1454114

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

SKRLD, INC.

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

201 ALHAMBRA CIRCLE, #1102

Suite, Apt. #, Etc.

City

CORAL GABLES

State

FL

Zip Code

33134

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

REGISTERED AGENT MUST SIGN

Date

1/18/06

9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit 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 |
|--------|--------------------------------------|---|-----------------------------------|
| PD | GEOFFREY SMITH | 290 DONESSLE DRIVE | OAKVILLE, ONTARIO, CANADA L6J 3Y6 |
| V | BRUCE BLAIR | 265 PROMENADE CIRCLE | HEATHROW, FLORIDA, USA 32746 |
| SD | JAMES KING | 40 SCOTTSDALE ROAD | LONDON, ONTARIO, CANADA N6P 1C8 |
| TD | JOHN BERHARDT | 22 SEPTEMBER LANE | LONDON, ONTARIO, CANADA N6K 3Y6 |
| | | | |
| | | | |

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

JOHN BERNHARDT 01/03/2006

Date

519-659-5403

Daytime Phone #

The corporation has indicated in accordance with s. 607.193(2)(b), F.S., it did not receive the prior notice. They have requested the late fee be waived.