

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 MAR 27 AM 11:00

SECRET  
TALLAHASSEE - FLORIDA

DOCUMENT # F96000004329

1. Corporation Name

L.P. DESJARDINS INC.

2. Principal Office Address

1100 Boul. Laird

3. Mailing Office Address

1100 Boul. Laird

Suite, Apt. #, etc.

Apt. 500

Suite, Apt. #, etc.

Apt. 500

City & State

Mont-Royal Quebec

City & State

Mont-Royal Quebec

Zip

H3R 1Z2

Country

Canada

Zip

H3R 1Z2

Country

Canada

REINSTATEMENT  
CR2E081 (12/05)

05-06

4. Date Incorporated or Qualified  
To Do Business in Florida

8/22/1996

5. FEI Number

98-1038972

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

Brunton Registered Agents Inc.

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

4710 NW 2nd Avenue, #101

Suite, Apt. #, Etc.

City

Boca Raton

State  
FL

Zip Code

33431

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

3/20/06

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
CP	Denise B. Desjardins	1100 Boul. Laird Apt. 500	Mont-Royal Quebec Canada H3R 1Z2

400069644294  
04/06/06--01051--010 \*\*900.00

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:

Denise B. Desjardins

Denise B. Desjardins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 3 2006

Date

MR. R. RAE

514 7331602

450 5882546

Daytime Phone #