

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F96000004477**

1. Corporation Name

BULRAD ILLINOIS INC.

Principal Place of Business

1180 SPRINGFIELD ROAD
WINNIPEG MANITOBA
CANADA CD

Mailing Address

1180 SPRINGFIELD ROAD
WINNIPEG MANITOBA
CANADA CD

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

08/30/1996

5. FEI Number

36-3722369

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

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

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	4 City / State / Zip
CEO	BULLER, HERB	140 BLUE GRASS ROAD, WINNEPEG MA	CANADA R2C 2Z2
P	BULLER, MARK	7 OLD ORCHARD ROAD 4005 Henderson Hwy	WINNEPEG MA R2E Winnipeg MB R2E 2H2
T	HORTON, JOHN	1205 PETERS DRIVE	WATERLOO IA 50703
ST	James Buller	14 Sandstone Place	Winnipeg MB R2E 0M3

8. Name and Address of Current Registered Agent

~~BASILE, JOE~~
~~2960 WOODPINE COURT~~
~~SARASOTA FL 34231~~

9. Name and Address of New Registered Agent

Name

~~Fee & Jeffries~~

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

101 E. Kennedy Blvd

Suite, Apt. #, Etc.

1030

City

Tampa

Bank of America Plaza

State

FL

Zip Code

33602

CR2E040 (9/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/20/02

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Nov 15 / 02

Daytime Phone #

204 224 3211