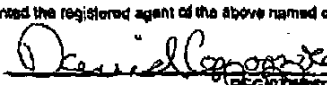


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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F97000000014			
1. Corporation Name NOVO MANAGEMENT, INC.			
2. Principal Office Address 7611 RAILHEAD LANE		3. Mailing Office Address 7611 RAILHEAD LANE	
Suite, Apt. R, etc.		Suite, Apt. R, etc.	
City & State HOUSTON, TX		City & State HOUSTON, TX	
Zip 77086	Country USA	Zip 77086	Country USA
		4. Date incorporated or Qualified To Do Business in Florida 01/02/1997 5. FEI Number 76-0529372 Applied For ☐ Not Applicable ☐ 6. CERTIFICATE OF STATUS DESIRED ☐	
7. Name and Address of Current Registered Agent			
Name CORPORATION SERVICE COMPANY			
Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET			
Suite, Apt. #, Etc.			
City TALLAHASSEE		State FL	Zip Code 32301-2607
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 		Date 9/29/03	
REGISTERED AGENT MUST SIGN		Authorized Representative	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	VIC DE ZEN	1 ROYAL GATE BLVD.	WOODBIDGE, ONTARIO L4L 8Z7
P	KEVIN FIELDS	7611 RAILHEAD LANE	HOUSTON, TX 77086
S	DOUGLAS DUNSMUIR	1 ROYAL GATE BLVD.	WOODBIDGE, ONTARIO L4L 8Z7
VP	RICHARD HENNIP	7611 RAILHEAD LANE	HOUSTON, TX 77086
VP	RICHARD PIERSON	11711 WEST SAMPLE ROAD	CORAL SPRINGS, FL 33065
10. I certify that I am an officer or director of 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)(f), 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: 		DOUGLAS DUNSMUIR 29/09/03 (905) 264-0702 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date's Phone #	

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Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)205-0384

From:

Account Name : CORPORATION SERVICE COMPANY/SAL
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)521-1030

CORPORATION REINSTATEMENT

NOVO MANAGEMENT, INC.

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