

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F97000002314

1. Corporation Name

BPI GLOBAL HOLDINGS USA INC.

Principal Place of Business

1900 SUMMIT TOWER BOULEVARD SUITE 450  
ORLANDO FL 32810

Mailing Address

1900 SUMMIT TOWER BOULEVARD SUITE 450  
ORLANDO FL 32810

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/01/1997

5. FEI Number

NOT APPLICABLE

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
CDP	MCGOVERN, JAMES L	37 KAPPELE AVE, TORONTO, ONTARIO	M4N 2Z2 CANADA
<del>DVO</del>	<del>GRIGGS, STEPHEN L</del>	<del>1306 GLENWOOD DRIVE, MISSISSAUGA</del>	<del>L5G 2W9 CANADA</del>
DT	SHEEDY, J B	5 BROOKE AVE, TORONTO, ONTARIO	M5M 2J5 CANADA
D	DALLEY, FREDERICK F	92 PRICEFIELD ROAD, TORONTO, ONT	CANADA M4W 129
DVS	STUART D. WAUGH	2045 LAKESHORE BOULEVARD WEST TORONTO, ONTARIO	CANADA M8V 2Z6

REINSTATEMENT

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

200002739282--6

Suite, Apt. #, Etc.

-01/13/98--01030--004

City

\*\*\*750.00

State

Zip Code

FL

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.

Signature of  
Registered Agent

*Patricia A. Canario*  
REGISTERED AGENT MUST SIGN

PATRICIA A. CANARIO,  
SPECIAL ASSISTANT SECRETARY

Date 12/3/98

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. BRIAN SHEEDY, CHIEF FINANCIAL OFFICER

November 30, 1998

Date

Daytime Phone #

416-216  
-8809

CR2040 (9/98)