
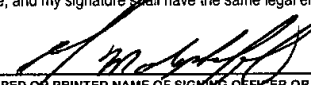
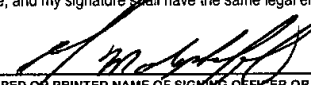
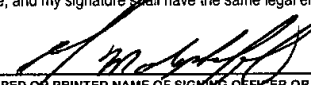


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<div style="display: flex; align-items: center; justify-content: center;"><div style="text-align: center;"><p><b>CORPORATION REINSTATEMENT</b></p></div><div style="margin-left: 20px;"><p>FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS</p></div></div>		<p><b>FILED</b></p> <p>01 NOV 14 PM 4:45</p> <p>SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>																								
<p><b>DOCUMENT # F 98000005040</b></p> <p>1. Corporation Name</p> <p style="font-size: 1.2em;">CNE Fiber Development Inc.</p>		<p><b>REINSTATEMENT</b> 00-01</p> <p>800004693808--2 -11/26/01--01080--001 ****758.75 ****758.75</p>																								
<p>2. Principal Office Address</p> <p>303 South Broadway</p> <p>Suite, Apt. #, etc.</p> <p>#480</p> <p>City &amp; State</p> <p>Tarrytown, NY</p> <p>Zip</p> <p>10591</p> <p>Country</p> <p>U.S.A.</p>	<p>3. Mailing Office Address</p> <p>2235 Sheppard Ave. E.</p> <p>Suite, Apt. #, etc.</p> <p>#1800</p> <p>City &amp; State</p> <p>Toronto, Ontario</p> <p>Zip</p> <p>M2J 5G1</p> <p>Country</p> <p>Canada</p>																									
<p>4. Date Incorporated or Qualified To Do Business in Florida</p> <p>09/08/1998</p>																										
<p>5. FEI Number</p> <p>13-397-7897</p> <p>Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/></p>																										
<p>6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status</p>																										
<p>7. Name and Address of Current Registered Agent</p> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="2" style="padding: 2px;">Name</td></tr><tr><td colspan="2" style="padding: 2px;">CT Corporation System</td></tr><tr><td colspan="2" style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td></tr><tr><td colspan="2" style="padding: 2px;">1200 South Pine Island Road</td></tr><tr><td colspan="2" style="padding: 2px;">Suite, Apt. #, Etc.</td></tr><tr><td colspan="2" style="padding: 2px;">City</td></tr><tr><td colspan="2" style="padding: 2px;">Plantation</td></tr><tr><td style="width: 10%; padding: 2px;">State</td><td style="padding: 2px;">FL</td></tr><tr><td style="width: 10%; padding: 2px;">Zip Code</td><td style="padding: 2px;">33324</td></tr></table>			Name		CT Corporation System		Street Address (P.O. Box Number is Not Acceptable)		1200 South Pine Island Road		Suite, Apt. #, Etc.		City		Plantation		State	FL	Zip Code	33324						
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<p>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.</p> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%; padding: 2px;">Signature of Registered Agent</td><td style="width: 40%; padding: 2px;">Date</td></tr><tr><td style="padding: 2px;">Connie Bryan SPECIAL ASSISTANT SECRETARY REGISTERED AGENT MUST SIGN</td><td style="padding: 2px;">11-14-01</td></tr></table>			Signature of Registered Agent	Date	Connie Bryan SPECIAL ASSISTANT SECRETARY REGISTERED AGENT MUST SIGN	11-14-01																				
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<p>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</p> <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 10%;">Titles</th><th style="width: 30%;">Name of Officers and/or Directors</th><th style="width: 30%;">Street Address of Each Officer and/or Director</th><th style="width: 30%;">City / State / Zip</th></tr></thead><tbody><tr><td style="padding: 2px;">C/O/P</td><td style="padding: 2px;">William Linton</td><td style="padding: 2px;">18 Edgehill Rd.</td><td style="padding: 2px;">Etobicoke, Ontario, M9A 4N3, Canada</td></tr><tr><td style="padding: 2px;">D</td><td style="padding: 2px;">Peter Tanaka</td><td style="padding: 2px;">2636 Lakeshore Blvd.</td><td style="padding: 2px;">Toronto, Ontario M8V 1G4, Canada</td></tr><tr><td style="padding: 2px;">D/S</td><td style="padding: 2px;">George Malysheff</td><td style="padding: 2px;">40 Pickering St.</td><td style="padding: 2px;">Toronto, Ontario M4E 3J6, Canada</td></tr><tr><td style="padding: 2px;">✓</td><td style="padding: 2px;">Randall Benzon</td><td style="padding: 2px;">3098 First Ave.</td><td style="padding: 2px;">Burlington, Ontario L7N 4G6, Canada</td></tr><tr><td style="padding: 2px;">✓</td><td style="padding: 2px;">Janet Thompson</td><td style="padding: 2px;">1010 - 16th Wieroad</td><td style="padding: 2px;">King Township, Ontario L7B 1K5, Canada</td></tr></tbody></table>			Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	C/O/P	William Linton	18 Edgehill Rd.	Etobicoke, Ontario, M9A 4N3, Canada	D	Peter Tanaka	2636 Lakeshore Blvd.	Toronto, Ontario M8V 1G4, Canada	D/S	George Malysheff	40 Pickering St.	Toronto, Ontario M4E 3J6, Canada	✓	Randall Benzon	3098 First Ave.	Burlington, Ontario L7N 4G6, Canada	✓	Janet Thompson	1010 - 16th Wieroad	King Township, Ontario L7B 1K5, Canada
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<p>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 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.</p> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 50%; padding: 2px;">SIGNATURE: </td><td style="width: 50%; padding: 2px;">Date</td></tr><tr><td style="padding: 2px;">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</td><td style="padding: 2px;">12/29/00 (416) 718-6343</td></tr></table>			SIGNATURE: 	Date	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	12/29/00 (416) 718-6343																				
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