

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 JAN 16 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000005255

1. Corporation Name

CAROLWOOD CORPORATION

Principal Place of Business

Mailing Address

5515 NORTH SERVICE RD.
BURLINGTON, ONTARIO
CANADA L7L 6G4

5515 NORTH SERVICE RD.
BURLINGTON, ONTARIO
CANADA L7L 6G4

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

1100 BURLOAK DR
Suite, Apt. #, etc.

1100 BURLOAK DR
Suite, Apt. #, etc.

City & State
BURLINGTON, ONT

City & State
BURLINGTON, ONT

Zip Country
L7L 6B2 CANADA

Zip Country
L7L 6B2 CANADA

REINSTATEMENT

00-01

4. Date Incorporated or Qualified To Do Business in Florida

09/18/1998

5. FEI Number

23-2909296

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
P	BAILEY, REX	280 WYECROFT ROAD, OAKVILLE, ONT	CANADA L6K 2G7
S	BAILEY, CAROL	280 WYECROFT ROAD, OAKVILLE, ONT	CANADA L6K 2G7
C	OKSANA TRESSEL	1100 BURLOAK DR, OAKVILLE, ONT	CANADA L7L 6B2

000003576910--8
-01/26/01--01071--009
****750.00 ****750.00
150.00 150.00
000003576910--8
-01/26/01--01071--010
****150.00 ****150.00

8. Name and Address of Current Registered Agent

BAILEY, REX
19940 GULF BLVD UNIT 330
INDIAN SHORES FL

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State Zip Code
FL 33785

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

Dec 21, 2000

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
OKSANA TRESSEL

12-20-00

Date

(905) 319-7994
Daytime Phone #

CR2E040 (8/00)