PLEASE READ	ALL INST	RUCTIONS	BEFORE (COMPLET	ING THIS R	Ĵ DRMi)	
APPLICATION FOR	FLORIDA DEPARTMEN Katherine Har		NT OF STATE arris	7	FIL		
REINSTATEMENT	/ DIN	Secretary of Source of Sou			99 DEC 29	AM 8: 39	
DOCUMENT # F98000005778 1. Corporation Name 3510531 Canada Inc.				SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business , Mailing Address				<u> </u> -	<u>-</u> -		
9393 Louis H. Lafontaine Anjou, Quebec HlJ 1Y8	aine c/o Stephen D. Har Hart, Saint-Pierre 1 Place Ville-Mari Montreal, Quebec,						
If above addresses are incorrect in any way, line thro	ough incorrect int				4. Date Incorporated or Qualified		
Suite, Apt. #; etc. Suite, Apt. #; etc.				- To Do Business in Florida 10/15/1998			
City & State	City & State				5. FET Number Applied For EIN 98-0200312 Not Applied by		
Zip Country	Zip	Countr	у	6. CERTIFICAT	OF STATUS DESIRED		
7. Names and Street Addresses of Each Officer and/	or Director (Flori		ations must list at lea				
Title(s) and/or Directors 1 2		Officer and/or Directo 3 (Do NOT Use Post Office Box			City / State / Zip		
; President Harry Hart		86 Hampstead			Hampstead Quebec, H3	X 1K4	
Secretary and Director Cheryl Hart	63 Merton Road			Hampstead Quebec, H3	x 1M3		
			1	1000030953615 -01/12/0001005005 ****758.00 ****750.00			
			17 (P)				
DEINSTATEMENT							
8. Name and Address of Cure de Registered Agent 9. Name and Address of New Registered Agent						stered Agent	
UCC Filing & Search Services Inc.			Name UCC Filing & Search Services Inc.				
526 East Park Avenue, Suite 200 Tallahassee, Florida			Street Address (P.O. Box Number is Not Acceptable) 526 East Park Avenue Suite Aot. # Etc.				
32302-3120			200				
Tallahas 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the ob-					on 607.0505. F.S.	State Zip Code 32301	
Signature of Registered Agent Ed Hand Pusitient Date 12/29/99							
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No (See other lide for information on intensible tax)							
12. I certify that I am an officer or director or the receive this reinstatement application, the reason for disso owed by the corporation have been paid and the ron this application is true and accurate, and my sign	lution has been e ames of individu	eliminated, the corpo als listed on this for	orate name satisfies in m do not qualify for a	the requirements an exemption und	of section 607.0401 of	or 617.040 F.S., that all fees	
SIGNATURE: SIGNATURE AND THE OF PRU	MED NAME OF SI	M GNING OFFICER OR I		x 19/9	9 (514)	1) 354-0580 Daytime Phone #	
Harry Hart			= : *		-		