

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

#1 950.00

FILED

2008 APR 25 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000005778

1. Corporation Name

3510531 Canada Inc.

100125828791

CR2E081 (12/07)

2. Principal Office Address - No P.O. Box #

9393 Louis H. LaFontien Avenue

Suite, Apt. #, etc.

City & State

Anjou, Quebec

Zip

H1J 1Y8

Country

Canada

3. Mailing Office Address

c/o Stephen D. Hart, Heenan Blaikie

Suite, Apt. #, etc.

1250 Rene Vevesque West #2500

City & State

Montreal, Quebec

Zip

H3B 4Y1

Country

Canada

4. Date Incorporated or Qualified
To Do Business In Florida

10/15/98

5. FEI Number
98-0200312

☐ Applied For

☐ Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Patricia Farrell - authorized Representative Date *3/20/08*

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/S/D	Stephen Kahn	1015, 926- 5th Avenue S.W.	Calgary, AB T2P0N7 Canada

REINSTATEMENT
2000-2008
PSS

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 contained in Chapter 119, 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:

Stephen Kahn (STEPHEN KAHN APR. 7/08 (403) 777-1515

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 545609 4133D

AUTHORIZATION :

COST LIMIT : \$ 1950.00

Lyndell

ORDER DATE : April 25, 2008

ORDER TIME : 10:23 AM

ORDER NO. : 545609-005

CUSTOMER NO: 4133D

REINSTATEMENT

NAME: 3510531 CANADA INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds

EXAMINER'S INITIALS _____

RECEIVED
08 APR 25 PM 12:42
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LF
IP
157