

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY 23 PM 3:41

DOCUMENT # F98000006691

1. Corporation Name

NUMBER 7, INC.
ATT: CONTROLLER

400020569074
06/06/03--01066--006 **1200.00

2. Principal Office Address

50 DUFFLAW RD

Suite, Apt. #, etc.

City & State

TORONTO, ON

Zip

M6A2W1

Country

CANADA

3. Mailing Office Address

50 DUFFLAW RD

Suite, Apt. #, etc.

City & State

TORONTO, ON

Zip

M6A-2W1

Country

CANADA

REINSTATEMENT 00-03

4. Date Incorporated or Qualified
To Do Business in Florida

12/9/1998

5. FEI Number

113305475

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

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

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

Connie Bryan

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date

5/22/03

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 |
|--------------|--------------------------------------|---|----------------------|
| DIR+ PRES | MICHAEL GOLD | 50 DUFFLAW RD | TORONTO, ON M6A2W1 |
| VP | TOM MARTIN | 50 DUFFLAW RD | TORONTO ON, M6A-2W1 |
| T/S | BROOKE MILLER | 50 DUFFLAW RD | TORONTO, ON, M6A-2W1 |
| | | | |
| | | | |
| | | | |

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 16/2003 416-789-1071

Date

Daytime Phone #

CR2E081 (10/02)