CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G 96639

1. Corporation Name

SIGNATURE:

SIGNATURE

DAVE

TRI REGENCY INC

00 MAY 10 PM 1: 06

SECRETARY OF STATE TALLAHASSEE, FLORIDA

2. Principal Office	e Address	3. Mailing Office Address								
2699	LEE ROAD	Box 596		REINSTATEMENT 98-00						
Suite, Apt. #, etc.		Suite, Apr. #, etc.								
Suite 41.	5	105 STROWGER BLVD City & State		4. Date Incorporated or Qualified To Do Business in Florida APRIL 13/84						
		1		5. FEI Number Applied For						
WINTER	PARK, FLORIDA	BROCKVILLE, ONTARIO		59-24/49/8 Not Applicable						
3278	I Country	V6V5V7	Country CANADA	6. CERTIFICATE OF STATUS DESIRED V S8.75 Additional Fee required for a Certificate of Status						
7. Name and Address of Current Registered Agent										
Nar	Name BOB DOHER -05/00-01020-1									
Street Address (P.O. Box Number is Not Acceptable) 2699 LEE ROAD Suite, Apt. #, Etc. 5U, TE 4/5 City WINTER PARK *****308.75 *****\$08.75 -06/05/0001020008 State ***********************************										
						8. I, being appoir		,	amiliar with and accept the of	obligations of section 607.0505 or 617.0503, F.S.
						Signature of Registered Agent	Plants	GISTERED AGENT MUST	SIGN	Date April 13/66
9. Names and S	treet Addresses of Each Officer and	or Director (Florida nonpro	ofit corporations must list at le	east 3 directors)						
Titles	Name of Officers and/or Directors		Street Address of Each Officer and/or Director							
_ <i>P</i>	DAVE JONES	Вох	596, 105 51	TROWGER BIND, -BROCKVILLE ONT KOVSV7						
		Ŕ	enstate	MENT 99-60 1125-						
				W00000010587						
this reinstaten	ment application, the reason to disse	olution has been eliminated,	, the corporate name satisfies	provided for in chapter 607 or 617, F.S. I further certify that when filing s the requirements of section 607.0401 or 617.0401, F.S., that all fees						

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

JONES

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR