

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 DEC 22 PM 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *H56940*

1. Corporation Name

Bloomingdale Investment Company

Principal Place of Business

Mailing Address

*c/o HENRY W. Hides
2514 W. Kennedy Blvd.
Tampa, FL 33608*

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

602 S. Boulevard

Suite, Apt. #, etc.

City & State

City & State

Tampa, Florida

Zip

Country

33606 USA

4. Date Incorporated or Qualified
To Do Business in Florida

5/14/85

5. FEI Number

59-2498124

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
<i>D/P</i>	<i>Peter Kingston</i>	<i>3219 Youngs St. Ste 336</i>	<i>Toronto, Ontario Canada M4N 2L3</i>

*7000002381027-1
-12/23/97-01080-004
***1453.75 ***1453.75*

REINSTATEMENT *93-97*

12 12-22-97

8. Name and Address of Current Registered Agent

HENRY W. Hides

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

602 S. Boulevard

Suite, Apt. #, Etc.

City

Tampa

State Zip Code

FL 33606

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]

REGISTERED AGENT MUST SIGN

Date *12/17/97*

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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)(j), 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:

Peter C. Kingston
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PETER C. KINGSTON PRES.

DECEMBER 19/97 (416) 485-4758
Date Daytime Phone #