

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # J01817

1. Corporation Name

RESCOM INVESTMENTS, INC.

00 NOV 27 AM 10:30

Principal Place of Business

Mailing Address

1670 BAYVIEW AVENUE  
SUITE 400  
TORONTO ON M4G3C  
US

1670 BAYVIEW AVENUE  
SUITE 400  
TORONTO ON M4G3C  
US



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

4. Date Incorporated or Qualified  
To Do Business in Florida

03/03/1986

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

36-5365918

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	FELDMAN, ALAN A.	1670 BAYVIEW AVENUE, SUITE 400	TORONTO ON
DC	FELDMAN, BEVERLEE	1670 BAYVIEW AVENUE, SUITE 400	TORONTO ON
			700003491367--6 -12/08/00--01022--012 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FELDMAN, ALAN (MR)  
17842 DEAUVILLE LN  
BOCA RATON FL 33496

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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 REQUIRED  
REGISTERED AGENT MUST SIGN

Date

Nov 8 / 2000

11. 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

Date

Daytime Phone #

Nov 8 / 2000  
416-485-2708

CR2E040 (8/00)

RESKOM INVESTMENTS, INC.

1670 Bayview Avenue  
Suite 400  
Toronto, Ontario  
M4G 3C2

Telephone: (416) 485-2708

Facsimile: (416) 485-8819

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Nov 21/2000

To whom it may concern -  
Due to the fact that I  
did not receive the application  
to Re file - I would like  
to ask that the penalty  
be waived at this time -

I do appreciate your  
co-operation.

I sent you in advance  
and ask that you please find  
enclosed a check for \$50.00

Yours truly

  
The Rescom Investments Inc.