

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 NOV 17 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

J99505

1. Corporation Name

DCA Florida Inc.

Principal Place of Business

c/o Stephen Weintraub
Counsel Corporation

Exchange Tower,, Suite 1300, 2 First Canadian Place
Toronto, Ontario M5X 1E3
Canada

Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10-27-87

5. FEI Number

62-1426574

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)

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
1	2	3	4
Dir/ Pres.	Allan C. Silber	Exchange Tower, Suite 1300 2 First Canadian Place	Toronto, Ontario Canada M5X 1E3
Dir/ CEO	Morris A. Perlis	Exchange Tower, Suite 1300 2 First Canadian Place	Toronto, Ontario Canada M5X 1E3
V.P./ Sec.	Stephen Weintraub	Exchange Tower, Suite 1300 2 First Canadian Place	Toronto, Ontario Canada M5X 1E3

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REINSTATEMENT

SC 11-17-97

8. Name and Address of Current Registered Agent

The Prentice-Hall Corporation System, Inc.
110 N. Magnolia Street
Tallahassee, Florida 32301

9. Name and Address of New Registered Agent

Name
NRAI Services, Inc.
Street Address (P.O. Box Number is Not Acceptable)
526 E. Park Avenue
Suite, Apt. #, Etc.

City
Tallahassee

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FL 32301

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

Charles A. Coyle

REGISTERED AGENT MUST SIGN

Date 11-14-97

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)(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:

Stephen Weintraub

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-14-97
Date

416/866-3000
Daytime Phone #

CR25040 (12-96)