


FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

03 OCT 27 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>K91292</u>			
1. Corporation Name RORTAN VENTURES (FLORIDA) INC.			
2. Principal Office Address <u>1050 FINCH AVE. WEST</u>		3. Mailing Office Address <u>1050 FINCH AVE. WEST</u>	
Suite, Apt. #, etc. <u>SUITE 201</u>		Suite, Apt. #, etc. <u>SUITE 201</u>	
City & State <u>TORONTO, ONTARIO</u>		City & State <u>TORONTO, ONTARIO</u>	
Zip <u>M3J 2E2</u>	Country <u>CANADA</u>	Zip <u>M3J 2E2</u>	Country <u>CANADA</u>

200024171432
10/27/03--01084--022 **1658.75**REINSTATEMENT** 97-03

4. Date Incorporated or Qualified To Do Business in Florida <u>MAY 26, 1989</u>	
5. FEI Number <u>581882686</u>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name <u>Michael J. Monchick, Esq.</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>1803 South Australian Avenue</u>	
Suite, Apt. #, Etc. <u>Suite D</u>	
City <u>West Palm Beach</u>	State <u>FL</u> Zip Code <u>33409</u>

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

REGISTERED AGENT MUST SIGN

Date

10/24/03

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
<u>DP</u>	<u>IAN I. ROHER</u>	<u>1050 FINCH AVE. WEST SUITE 201</u>	<u>TORONTO, ONTARIO M3J 2E2 CANADA</u>
<u>DS</u>	<u>HOWARD A. TANENBAUM</u>	<u>1050 FINCH AVE. WEST SUITE 201</u>	<u>TORONTO, ONTARIO M3J 2E2 CANADA</u>

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.

416-665-1818

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IAN I. ROHER OCT. 20, 2003

Date

Daytime Phone #

CR2E081 (10/02)

gr 10/30