


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

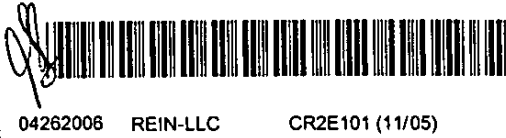
DOCUMENT # L04000034369		
1. Entity Name MERCILDA WILLARD, LLC		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY 26 AM 11:08

Principal Place of Business 12760 INDIAN ROCKS ROAD 1097 LARGO, FL 33774 US	Mailing Address 12760 INDIAN ROCKS ROAD 1097 LARGO, FL 33774 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 3060 Mainway Suite, Apt. #, etc. Ste. 301
City & State	City & State Burlington, ON
Zip	Country L7M 1A3



04262006 REIN-LLC CR2E101 (11/05)

6. Name and Address of Current Registered Agent WINN, MARVIN 131 FIRST STREET NW LARGO, FL 33770	
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4. FEI Number 20-1085784	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SIMON, BARRINGTON L 717 WOODHAVEN PLACE ANCASTER, ON L9G 5B1	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	900075900799 06/07/06--01010--003 **100.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	REINSTATEMENT <u>05-06</u> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: 	May 2, 2006	905-512-9145
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		