2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# L33484

MDLODOLID (ELODIDA) INO

FILED Oct 10, 2006 Secretary of State

Entity Name: MPI GROUP (FLORIDA) INC.					
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
11 CHURCH ST.SUITE 200 TORONTO ONTARIO M5E1W1 CANADA, XX			TORONTO ONTARIO I	11 CHURCH ST.SUITE 200 TORONTO ONTARIO M5E1W1 CANADA, ON M5E1W1 CA	
Current M	ailing Addre	ss:	New Mailing Address	New Mailing Address:	
11 CHURCH ST.SUITE 200 TORONTO ONTARIO M5E1W1 CANADA, XX			TORONTO ONTARIO I	11 CHURCH ST.SUITE 200 TORONTO ONTARIO M5E1W1 CANADA, ON M5E1W1 CA	
FEI Number:	98-0113221	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of I				New Registered Agent:	
SMITH, RA 6003 RIVE YANKEET		98 US	SMITH, RALPH SR. 6019 153 ROAD LIVE OAK, FL 32060	US	
The above in the State		submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATURE: RALPH SMITH				10/10/2006	
	Electro	nic Signature of Registered Age	ent	Date	
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution ().	at receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	YAZDI, BHARL 11 CHURCH S		Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	JACOBSON, R 11 CHURCH S		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	VPD (POWERS, THO 11 CHURCH S TORONTO, ON	T STE 200	Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	STEIN, MICHA	TREET, STE 200	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	CPSD () Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: RUSSELL JACOBSON **VPD** 10/10/2006

STEIN, MICHAEL

City-St-Zip: TOTONTO, ON M5E 1W1

11 CHURCH STREET, STE 200

Name:

Address: