

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



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

00 JUN 22 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L45555**

1. Corporation Name

Malex of Orlando, Inc.

REINSTATEMENT

6/22/2000
91-2000

2. Principal Office Address

842 King Road

Suite, Apt. #, etc.

City & State

Burlington, ON

Zip

L7T3K9

Country

Canada

3. Mailing Office Address

842 King Road

Suite, Apt. #, etc.

City & State

Burlington, ON

Zip

L7T3K9

Country

Canada

**4. Date Incorporated or Qualified
To Do Business in Florida**

January 26, 1990

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

Gregory H. Fisher

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

5520 First Avenue North

Suite, Apt. #, Etc.

City

St. Petersburg

State
FL

Zip Code

33710

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 **6/20/00**

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
P/D	Martin Van Lierop		842 King Road Burlington, ON L7T3K9
			600003315886--0 -07/07/00--01029--001 ***2011.25 ***2011.25
			600003315886--0 -07/07/00--01029--002 *****8.75 *****8.75

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.

SIGNATURE:

M. Van Lierop

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 30, 2000

Date

(905) 639-8238

Daytime Phone #