

H05000184325 3


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

05 AUG -2 PH 1:34

SEC. OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04-05

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M43920

1. Corporation Name
T H B Marco, Inc.

2. Principal Office Address 331 Riverview Drive		3. Mailing Office Address 331 Riverview Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Toronto, Ontario		City & State Toronto, Ontario	
Zip M4N 3C9	Country Canada	Zip M4N 3C9	Country Canada

4. Date Incorporated or Qualified To Do Business in Florida 12/29/1986

5. FEI Number 980093931	Applied For <input type="checkbox"/> Not Applicable
----------------------------	--

6. CERTIFICATE OF STATUS DESIRED \$a.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hayes Street

Suite, Apt. #, Etc.
Suite 105

City
Tallahassee

State
FL

Zip Code
32301

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 *Deborah D Skipper* Deborah D. Skipper Asst. V. Pres. Date 8/1/05

REGISTERED AGENT MUST SIGN

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	H. Thomas Beck	331 Riverview Drive	Toronto, ON, Canada M4N 3C9
S/T/D	Catherine Anne Beck	331 Riverview Drive	Toronto, ON, Canada M4N 3C9

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)(f), 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: *Catherine Beck* Catherine Beck Date 7/21/2005 416-322-7335

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

H05000184325 3

2072

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H05000184325 3))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850) 205-0384

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : 120000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1575

CORPORATION REINSTATEMENT

T H B MARCO, INC.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$908.75