PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORMED FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS



Principal Place of Business

% SAMUEL RALPH. IVACO INC.

FOR

REINSTATEMENT

M58686

1. Corporation Name

SIGNATURE

DELMINOR LANDMARK, INC.

Mailing Address

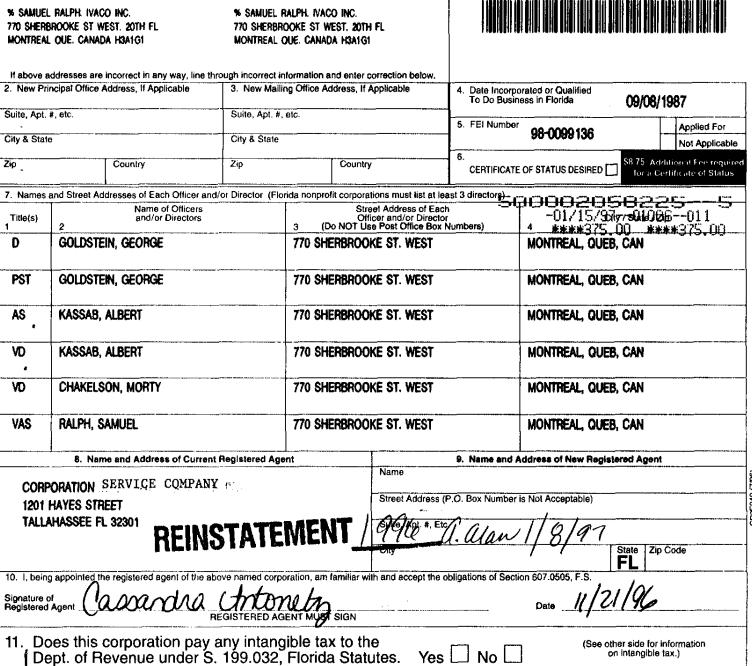
% SAMUEL RALPH, IVACO INC. 770 SHERBROOKE ST WEST, 20TH FL



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

October 30 1996 (514) 288-4545



12. I lenity 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 the 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 according, and my signature shall have the same legal effect as if made under oath.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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