

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # M61925

1. Corporation Name

SUB-GARD-EAST, INC.

FILED

99 NOV 17 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

% HARVEY WOLFE
425 PLACE JACQUES CARTIER, STE.400
MONTREAL QUE., CANADA H3H 1H3-31
US H2Y 3B1

% HARVEY WOLFE
425 PLACE JACQUES CARTIER, STE.400
MONTREAL QUE., CANADA H3H 1H3-31
US H2Y 3B1

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip H2Y 3B1

Country CANADA

Zip H2Y 3B1

Country CANADA

4. Date Incorporated or Qualified
To Do Business in Florida

11/03/1987

SP

5. FEI Number

99-0077394

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED BY

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSD	WOLFE, HARVEY	6088 ABERDEEN	WESTMOUNT, QUEBEC GA-H3Y- CANADA H3Y 3A8
VST	SHAPIRO, BARRY H.	777 UPPER LANSDOWNE	WESTMOUNT, QUEBEC GA-H3Y- CANADA H3Y 1J9

300003061013--0.
-12/06/99-01013-015
***758.75 ***758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

WICKY GOLDSTEIN
WICKY GOLDSTEIN
SPECIAL ASSISTANT SECRETARY
REGISTERED AGENT MUST SIGN

Date 11-15-99

11. 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:

HARVEY WOLFE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
President

Oct. 26, 1999

Date

(514) 861-1001

Daytime Phone #