## **APPLICATION FOR**



## FLORIDA DEPARTMENT OF STATE Sandra B, Mortham

Secretary of State

DIVISION OF CORPORATIONS

## **DOCUMENT #**

REINSTATEMENT

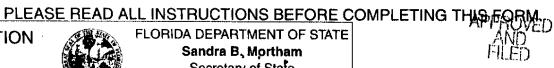
M83798

1. Corporation Name

DELMAJOR WYTHEVILLE, INC.

Principal Place of Business

Mailing Address



97 JAN -8 PM 1:29

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Date

Daytime Phone #

7/0 SHERBROOKE ST. W., 20TH FLOOR C/O S. RALPH, IVACO INC. MONTREAL, OB CANADA H3A1G1			C/O S. RALI	770 SHERBROOKE ST. W., 20TH FLOOR C/O S. RALPH, IVACO INC. MONTREAL, OB CANADA H3A1G1					
If above	addresses are	incorrect in any way,	line through incorrect in	nformation and enter	correction below.				
		Address, If Applicable		3. New Mailing Office Address, If Applicable			Date Incorporated or Qualified     To Do Business in Florida     Oc. 102/1000		
Suite, Apt.	#, etc.		Suite, Apt. #,	Suite, Apt. #, etc.			00/03/1300		
City & State			City & State	City & State			5. FEI Number Applied For Not Applied For Not Applicable		
Zip Country		Zip	Countr	ntry 6.		ATE OF STATUS DESIRED S8 75	Additional Fee required a Certificate of Status		
7. Names	and Street A	ddresses of Each Offic	cer and/or Director (Flo	rida nonprofit corpora	tions must list at le	ast 3 directore)			
Title(s) Name of Officers and/or Directors 1 2				Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Nun			st 3 directore)		
PTS	IVANIER,	IVANIER, PAUL (D)			KE ST WEST		MONTREAL, QB, CANADA		
VD	IVANIER, SYDNEY			770 SHERBROOKE ST WEST			MONTREAL, QB, CANADA		
VD	KLEIN, ROSLYN			770 SHERBROOKE ST WEST			MONTREAL, OB, CANADA		
AS	KASSAB, ALBERT			770 SHERBROOKE ST WEST			MONTREAL, QB, CANADA		
ĄS	RALPH, SAMUEL			770 SHERBROOKE ST WEST			MONTREAL, QB, CANADA		
···· * ·····	8. Na	me and Address of C	urrent Registered Age	ent		9. Name and	Address of New Registered A	uent	
000					Name			<u> </u>	
	YUKATIUN HAYES STI	SERVICE COM	PANY		Street Address (P.O. Box Number is Not Acceptable)				
TALL	ahassee f	REINS	<b>TATEME</b>			an	1/8/97   State   FL	Zip Code	
10. I, bein Signature o Registered	of (		the above named corporate the state of the s		th and accept the c	obligations of Se	ction 607.0505, F.S. Date ///21/90	e l	
			pay any intang er S. 199.032,			☐ No [	(See other side on intang		
this rei	nstatement ap by the corpora	oplication, the reason to ition have been paid a	or dissolution has been	eliminated, the corpo luals listed on this for	rate name satisfies m do not qualify for	the requirements the second terminal te	hapter 607 or 617, F.S. I further of the section 607.0401 or 617.040 under section 119.07(3)(I), F.S. Tr	11. F.S. that all fees	
SIGNA		ROWATURE AND TYPED	OR PRINTED NAME OF	GALLES OFFICER OR I	TIMECTOR	Qcloh	er 30 1996 (514)	288-4545	