PLEASE READ ALL INSTRUCTIONS BEFORE C

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
Aug 29 1996 8:00 am
Secretary of State

800001937028
-08/30/96--01071--008
****383.75 ****383.75

DOCUMENT # M98714

1. Corporation Name

SERVITECH (87TH AVENUE), Inc.

Mailing Address	Principal Place of Business
~~1155 Yonge St, Ste 601~~	~~1155 Yonge St. Ste 601~~
~~Toronto, Ont. Canada~~	~~Toronto, Ont. Canada~~

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

2. New Mailing Address, If Applicable	3. New Principal Office Address, If Applicable
20 Eglinton Avenue West	20 Eglinton Avenue West
Suite, Apt. #, etc. Suite 1503, P.O. Box 2059	Suite, Apt. #, etc. Suite 1503, P.O. Box 2059
City & State Toronto, Ontario M4R 1K8	City & State Toronto, Ontario M4R 1K8
Zip / Country Canada	Zip / Country Canada

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified To Do Business in Florida 9/15/88

5. FEI Number 98-0124409 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED — $30.00 Additional Fee Required for a Certified Copy 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	GREEN, Cary J.	20 Eglinton Avenue West	Toronto, Ontario M4R 1K8 Canada
V/S/D	GREEN, Kevin	20 Eglinton Avenue West	Toronto, Ontario M4R 1K8 Canada

SCC 8-29-96

8. Name and Address of Current Registered Agent

Corporation Company of Miami
201 S. Biscayne Blvd.
1600 Miami Center
Miami, FL 33131

9. Name and Address of New Registered Agent

REINSTATEMENT

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State FL
Zip Code

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

Signature of Registered Agent: By: CORPORATION COMPANY OF MIAMI
Jill B. Zamora, Asst. Secretary
REGISTERED AGENT MUST SIGN
Date

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. 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. and that all fees owed by the corporation have been paid. 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: CARY J. GREEN Aug 27 1996 416-480-4270

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