


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 DEC 11 PM 1:17

DOCUMENT #

P00000024162

1. Corporation Name

9086-5361 Quebec / USA INC.

800004733028--9  
-12/19/01--01053--007  
\*\*\*\*158.75 \*\*\*\*158.75

2. Principal Office Address

301 North Federal Hwy.

3. Mailing Office Address

3389 Sheridan St.

Suite, Apt. #, etc.

52

Suite, Apt. #, etc.

#417

City & State

Hallandale Beach, FL

City & State

Hollywood, FL

Zip

33009

Country

USA

Zip

33021

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

March 13th, 2000

5. FEI Number

65-0995745

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JACQUES MONIER

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

301 N. Federal Hwy

Suite, Apt. #, Etc.

52

City

Hallandale Beach.

State

FL

Zip Code

33009

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

Jacques Monier

REGISTERED AGENT MUST SIGN

Date

12/5/01

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
PRES	Jacques Monier	301 N. Federal Hwy, #52	Hallandale Beach, FL 33009

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. Monier

Date

12/5/01

Daytime Phone #

(954) 458-2398

CR3001 (9/00)

December 5<sup>th</sup> 2001

FLORIDA DEPARTEMENT OF STATE  
P.O. Box 6327  
Tallahassee, FL 32314

Your/Ref.: 9086-5361 Quebec/USA Inc.

Subject: CORPORATION REINSTATEMENT

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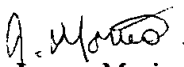
Hello,

Following my conversation with your office I am joining to this letter a report on our corporation. Also I am joining a check of \$150 for the State fees and \$8.75 for the certificate.

I am also asking you to please wave the penalty of \$600, because I never receive any documents from you to fill out and to return and this is our first year in business in Florida. So we didn't know about this procedure and we were never inform to do so.

Obviously we will know for next year.

I thank you in advance,

  
Jacques Monier