

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 NOV 26 PM 4:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P01000000985**

1. Corporation Name

Rent Shield Corp.

[Handwritten signature]

600025525806
12/16/03--01034--011 **750.00

REINSTATEMENT 2003

2. Principal Office Address

100 Scarsdale Road

3. Mailing Office Address

same as above.

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

City & State

Toronto, Ontario

City & State

Zip

M3B 2R8

Country

Canada

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-1082128

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

Eric P. Littman

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

7695 SW 104 Street

Suite, Apt. #, Etc.

Suite 210

City

Miami

State

FL

Zip Code

33156

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

[Handwritten signature]

Date

11/25/03

REGISTERED AGENT MUST SIGN

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
CEO	John Hamilton	17 Charnwood Road	Toronto, ON. Canada M3B 2P7
COO	Hugh Forrest	3103 Orleans Road	Mississauga, ON. Canada L5L 5L6
CFO	David Sanderson	1360 Hampton Street, # 35	Oakville, ON. Canada L6H 2S6

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:

[Handwritten signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/24/03

Daytime Phone #

416-391-4223

CR2E081 (1/002)