PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JAN 17 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000080481

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01/17/03--01020--001 **150.00

REINSTATEMENT 02-03

1. Corporation Name
Rybka, Smith and Ginsler Inc.

2. Principal Office Address	3. Mailing Office Address
300 S. Orange Ave., Lincoln Plaza	300 S. Orange Ave., Lincoln Plaza
Suite, Apt. #, etc.: Suite 1500	Suite, Apt. #, etc.: Suite 1500
City & State: Orlando, FL	City & State: Orlando, FL
Zip: 32801 Country: USA	Zip: 32801 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 08/15/2001

5. FEI Number: 59-3738698 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Tim Willings

Street Address (P.O. Box Number is Not Acceptable): 7380 Sand Lake Road

Suite, Apt. #, Etc.:

City: Orlando State: FL Zip Code: 32819

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. 13 JAN 2003

Signature of Registered Agent: [signature] REGISTERED AGENT MUST SIGN Date: 01/15/03

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10/21/02 01007-009
****750.00 ****750.00

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.	Hani Motran	18 Champlain Blvd	Toronto Ontario Canada M3H 2Z1
VP	Tim Willings	300 Orange Ave., Lincoln Plaza	Orlando, FL 32801
Sec.	Robert Colelli	18 Champlain Blvd.	Toronto, Ontario, Canada M3H 2Z1
VP	Armin von Eppinghoven	SAME AS ABOVE	SAME AS ABOVE
Dir.	Norbert Fischer	SAME AS ABOVE	SAME AS ABOVE
Dir.	Richard Armstrong	SAME AS ABOVE	SAME AS ABOVE

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] 01/15/02 416-398-6020 EXT 145
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

[signature] TIM WILLINGS 13 JAN 2003 407-701-6126 jp 1/22