

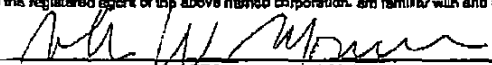
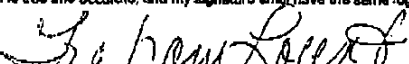
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NO. 647

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # PO 1437					
1. Corporation Name 63618 Manitoba Limited Corporation					
2. Principal Office Address - No P.O. Box # 70 Richard Morrison 1995 E. Oakland Park Blvd			3. Mailing Office Address		
Suite, Apt. #, etc. Suite 105			Suite, Apt. #, etc. "Same"		
City & State Ft. Lauderdale, FL			City & State		
Zip 33306	Country USA	Zip	Country		
4. Date Incorporated or Qualified To Do Business in Florida 3/29/84					
5. FBI Number N/A					
6. CERTIFICATE OF STATUS DESIRED ☐ \$3.75 Additional Fee required for a Certificate of Status					
7. Name and Address of Current Registered Agent					
Name Richard W. Morrison					
Street Address (P.O. Box Number is Not Acceptable) 1995 East Oakland Park Blvd					
Suite, Apt. #, Etc. Suite 105					
City Fort Lauderdale		State FL	Zip Code 33306		
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 				Date 6/29/07	
REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
PST	Lount, Graham	410 Charleswood Lane		Naples, FL	
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 contained in Chapter 119, 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: 				Date 6/29/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # 954-566-8896	

FILED

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MISSISSIPPI, FLORIDA

REINSTATEMENT 05-07

CR2E081 (1/07)

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1575

CORPORATION REINSTATEMENT

63618 MANITOBA LIMITED CORPORATION

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Amanda Roath

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