PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 JUL 13 AM 7:31
TALLAHASSEE, FLORIDA

DOCUMENT # P0 14377

1. Corporation Name
63618 Manitoba Limited Corporation

REINSTATEMENT 05-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
c/o Richard Morrison 1995 E. Oakland Park Blvd	
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. FEI Number N/A ☐ 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: 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

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: Richard W. Morrison Date: 6/29/07
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
Pst	Lount, Graham	410 Charleswood Lane	Naples, Fl

10. I certify that I am an officer or director of the corporation 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: [signature] 6/29/07 954-566-0096
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JC 7/16

Florida Department of State
Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

63618 MANITOBA LIMITED CORPORATION

Certificate of Status	0
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Page Count	02
Estimated Charge	$1,050.00

Amanda Roath

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