

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 AUG 25 AM 8:00

DOCUMENT # **FD2000041568**

1. Corporation Name

TRAF-PARK INC.

2. Principal Office Address

2889 McFarlane Rd.

3. Mailing Office Address

35-2 de Lauzon

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coconut Grove
Miami, Florida

City & State

Boucherville, Quebec

Zip

33133

Country

USA

Zip

J4B 1E7

Country

Canada

REINSTATEMENT

03-04

M.R.D.

4. Date Incorporated or Qualified
To Do Business in Florida

April 15, 2002

5. FEI Number

01-0688682

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

Greenspoon Marder Hirschfeld Rafkin Ross

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

Trade Centre South, 100 West Cypress Creek Road

Suite, Apt. #, Etc.

Suite 700

City

Fort Lauderdale

State

FL

Zip Code

33309

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

6-23-04

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 |
|--------|--------------------------------------|---|--|
| P/D | Pierre-Blouin | 40 Charlotte-Denis | Boucherville, Quebec Canada J4B 8L6 |
| D | Bruno Godin | 30 Avenue du Parc | Ste-Julie, Quebec Canada G0L 2S0 |
| S/T/D | Daniel Bienvenue | 3965 M.O. David | St-Hyacinthe, Quebec Canada J7S 3R7 |
| VP/D | Taing-San Thai | 616 Louis-Juchereau | Boucherville, Quebec Canada J4B 7Re |
| | | | |
| | | | |

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

[Signature]

2004.06.23

Date

Daytime Phone #

404.449.7000

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CR2E081 (01/04)