

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 DEC 31 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT
CR2E081 (1/07)

03-07

DOCUMENT #

1. Corporation Name

P02000122739

MUSKOKA ROAD 38, INC.

2. Principal Office Address - No P.O. Box #
3320 SW 40 AVE.

3. Mailing Office Address
3320 SW 40 AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WEST PARK

City & State

FL

Zip
33023

Country
USA

Zip
33023

Country
USA

4. Date Incorporated or Qualified To Do Business in Florida

2002

5. FEI Number

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
MATTHEW BAPTY

Street Address (P.O. Box Number is Not Acceptable)
3320 SW 40 AVE.

Suite, Apt. #, Etc.

City
WEST PARK

State
FL

Zip Code
33023

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

[Handwritten Signature]

Date 12/21/07

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
D	MATTHEW BAPTY	3320 SW 40 AVE.	WEST PARK 33023
D	James Hutchinson	9 Shank	Toronto, Ontario, Canada

100113521421
12/31/07--01040--011 **750.00

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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/21/07

Date

Daytime Phone #

454 -
883-1110

1/2007