

\$157

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 NOV 24 AM 9:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000126959

1. Corporation Name
PAUL-LOFT, INC.

2. Principal Office Address - No P.O. Box # 1290 Weston Road		3. Mailing Office Address 1290 Weston Road	
Suite, Apt. #, etc. Suite 201		Suite, Apt. #, etc. Suite 201	
City & State Weston, FL		City & State Weston, FL	
Zip 33326	Country US	Zip 33326	Country US

800163099008
11/25/09--01002--014 **900.00
REINSTATEMENT
CR2E081 (11/09) 09

4. Date Incorporated or Qualified To Do Business in Florida 11/05/2003	Applied For Not Applicable
5. FEI Number 20-0856766	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Sanford N. Reinhard, P.A.

Street Address (P.O. Box Number is Not Acceptable)
1290 Weston Road

Suite, Apt. #, Etc.
Suite 201

City
Weston

State
FL

Zip Code
33326

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 _____ Date _____

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	Barry Gordon Goldlist	138 Grey Road	Toronto, Canada M5M4G1
	<i>[Signature]</i>		

10. E-mail Address: sanrein@bellsouth.net

(To be used for future annual report notification)

11. 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. I further certify, 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]* BARRY G. GOLDLIST 11/13/09 3053350344

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #