APR-27-07 09:47 From:
(H07000115037)

T-884 P.02/02 Job-835

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000099535

1. Corporation Name

WILMSLOW USA, INC.

REINSTATEMENT

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
Karen P. Kondell, Esq.	Karen P. Kondell, Esq.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
One SE 3rd Ave., 28 Floor	One SE 3rd Ave., 28 Floor
City & State	City & State
Miami, FL	Miami, FL
Zip / Country	Zip / Country
33131 / US	33131 / US

4. Date Incorporated or Qualified To Do Business in Florida: 07/01/2004

5. FEI Number: 20-1331369 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Karen P. Kondell, Esq

Street Address (P.O. Box Number is Not Acceptable): One SE 3rd Avenue, 28th Floor

Suite, Apt. #, etc.: 28th Floor

City: Miami | State: FL | Zip Code: 33131

☐ 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: Karen P. Kondell Esq Date: 4/27/07

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	NEARY, PETER	125 Lakeshore Rd Suite 300	Oakville, ON L6J1H3
PST	NEARY, PETER	1439 WASHINGTON AVENUE	MIAMI, FLORIDA 33139

10. I certify that I am an officer or director of 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: _____ Peter Neary, Pres. 04/26/2007 (305) 532-7395

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Florida Department of State
Division of Corporations
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CORPORATION REINSTATEMENT

WILMSLOW USA, INC.

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