

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
10 MAR 30 PM 4:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P06000072746

1. Corporation Name

Advantage Equity II Incorporated

**REINSTATEMENT** 08-10

700173687817  
03/30/10--01028--009 \*\*450.00

CR2E081 (11/09)

2. Principal Office Address - No P.O. Box # 6215 Russell St, S. Suite, Apt. #, etc		3. Mailing Office Address 6215 Russell St, S. Suite, Apt. #, etc	
City & State Tampa, Florida		City & State Tampa, Florida	
Zip 33611	Country USA	Zip 33611	Country USA

4. Date incorporated or Qualified To Do Business in Florida 5-24-2006	
5. FEI Number 20-4953025	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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 Hyde Park Accountants PA			
Street Address (P.O. Box Number is Not Acceptable) 2305 W Morrison Ave			
Suite, Apt. #, Etc			
City Tampa		State FL	Zip Code 33629

☒ 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 3/26/2010

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	Michael T Stewart	4409 W. Leona St.	Tampa, FL 33629
D	Tim Watson	6215 Russell St, S.	Tampa, FL 33611

10. E-mail Address: seven17south@aol.com

(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/26/2010 813-300-5070

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<b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS
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FILED

10 MAR 24 PM 8:19

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # F08000000897

1. Corporation Name

1216493 Ontario Limited, Inc.

100172929791  
03/24/10--01001--009 \*\*300.00

CR2E081 (11/09)

2. Principal Office Address - No P.O. Box # 36 Kraft Drive.		3. Mailing Office Address PO Box 850	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Waterloo Ontario		City & State Waterloo Ontario	
Zip NAT 4G8	Country Canada	Zip NAT 4C3	Country Canada

4. Date Incorporated or Qualified  
To Do Business in Florida 26 February 20085. 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 Capital Connections, Inc.		
Street Address (P.O. Box Number is Not Acceptable) 417 E Virginia St.		
Suite, Apt. #, Etc.		
City Tallahassee	State FL	Zip Code 32312

☒ 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

3/23/10

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
Pres. Secretary	Anna Woerner	36 Kraft Drive	Waterloo Ontario Canada NAT 4G8

10. E-mail Address: tfleming@flemingwatlaw.com

(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:

Anna Woerner Anna Woerner

2010/03/12

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MAR 24 2010