

FROM : LUTZ WEBB

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT #

P 27383

1. Corporation Name

866816 Ontario Inc.

Principal Place of Business

Mailing Address

3101 Bathurst Street, Suite 600
Toronto, Ontario, Canada

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12-20-89	
City & State		City & State		5. FEI Number	
Zip		Country		59-2988402	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$3.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P	Joseph Lebovics	3101 Bathurst Street Suite 600	Toronto, Ont., Canada
V	Larry Cappe	3101 Bathurst Street Suite 600	Toronto, Ont., Canada

REINSTATEMENT

12-21-98
46
12-21-98

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Stanley Sandefur c/o SHS Mgmt. & Consulting 806 East 25th Street Sanford, FL 32771		Name David D. Eastman Street Address (P.O. Box Number is Not Acceptable) 101 South Monroe Street Suite, Apt. #, Etc.	
		City Tallahassee	State Zip Code FL 32301

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: David Eastman Date: 12-21-98
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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)(f), 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: Joseph Lebovics Date: 12-15-98 Daytime Phone # (416) 989-7102
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR