

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~APPLICATION FOR REINSTATEMENT~~

FLORIDA DEPARTMENT OF STATE  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

01 NOV 16 PM 4:00

DOCUMENT # P31309

1. Corporation Name

CANMED PROPERTIES INC.

Principal Place of Business

Mailing Address

150 SIGNET DRIVE  
 WESTON, ONTARIO M9L1T9

150 SIGNET DRIVE  
 WESTON, ONTARIO M9L1T9

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

10/15/1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

98-0107255

Applied For

Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 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	4 City / State / Zip
PTD	FLORENCE, M.F.	150 SIGNET DRIVE	WESTON, (TORONTO),CA
S	FLORENCE, M. F	150 SIGNET DR.	WESTON, ONTARIO CA
VD	SHERMAN, BERNARD	150 SIGNET DRIVE	WESTON, (TORONTO),CA

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KOLOGY, STEPHEN G.  
 2301 MCGREGOR BLVD.  
 FT. MYERS FL 33901

Name

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

Suite, Apt. #, Etc.

City

State  
 FL

Zip Code

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/31/2001

AD

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/2001

Date

Daytime Phone #

CR2E040 (8/01)

CANMED PROPERITES INC.  
150 SIGNET DRIVE  
WESTON, ONTARIO  
M9L 1T9

202

October 31, 2001

Division of Corporations  
Annual Report Section  
Tallahassee, FL 32314-6327

**Subject: Annual Report Fee**

TaxPayer's I.D. No: 98-0107255

Dear Sir/Madam:

We did not receive the renewal form this year, therefore we could not send the cheque for renewal fee. As a result of that, Canned Properties Inc. was dissolved. I was told by one of your people over the telephone, if I send the cheque, the company will be activated. Enclosed please find a cheque for \$150 for renewal fee.

If you need any further information, please feel free to call me at (416)401-7287.

Thank you in advance for your co-operation

Sincerely,



Promila Kaushal  
Senior Accountant

PK:pk  
Encls.