


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P31309 1. Entity Name CANMED PROPERTIES INC.	
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 13 AM 8:51

Principal Place of Business 150 SIGNET DRIVE WESTON, ONTARIO, CANADA M9L 1T9, XX	Mailing Address 150 SIGNET DRIVE WESTON, ONTARIO, CANADA M9L 1T9, XX
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REINSTATEMENT 06



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

10122006 REIN-P CR2E098 (11/05)

4. FEI Number 98-0107255	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KOLODY, STEPHEN G. 2301 MCGREGOR BLVD. FT. MYERS, FL 33901	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTD FLORENCE, M.F.	<input type="checkbox"/> Delete	TITLE	[Signature]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLORENCE, M.F.		NAME		
STREET ADDRESS	150 SIGNET DRIVE		STREET ADDRESS		
CITY-ST-ZIP	WESTON, (TORONTO),CA,		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLORENCE, M. F		NAME		
STREET ADDRESS	150 SIGNET DR.		STREET ADDRESS		
CITY-ST-ZIP	WESTON, ONTARIO, CA		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERMAN, BERNARD		NAME		
STREET ADDRESS	150 SIGNET DRIVE		STREET ADDRESS		
CITY-ST-ZIP	WESTON, (TORONTO),CA,		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

300081185043
10/25/06--01032--006 **\$150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 10/12/06 416-749-9300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #