

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

1997 NOV -5 PM 3: 59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P35190**

1. Corporation Name

**METRO WD V GENERAL PARTNER INC.**

Principal Place of Business

390 BAY ST  
1800  
TORONTO, ONT., CANADA M5H2Y2  
CA

Mailing Address

390 BAY ST  
1800  
TORONTO, ONT., CANADA M5H2Y2  
CA

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/22/1991

5. FEI Number

58-1711642

Applied For

Not Applicable

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	APPS, ALFRED ALFRED	390 BAY ST, SUITE 1900	TORONTO, ON CA M5H 2Y2
VD + COUNSEL	BEIRNES, DAVID SCOTT, JOHN	390 BAY ST, SUITE 1900	TORONTO ON M5H 2Y2
VTS VD	RIMER, RONALD FILME, DAVE	390 BAY ST, SUITE 1900	TORONTO, ONT., CANADA M5H 2Y2
VD TREASURER	FRENCH, DANIELLE GIAMBATTISTA, CARMEN	390 BAY ST, SUITE 1900	TORONTO, ONT., CANADA M5H 2Y2
VD CORPORATE SECRETARY	DOW, RODNEY HAWKER, FERN	155 UNIVERSITY AVE. STE 205- 390 BAY ST, SUITE 1900	TORONTO, ONTARIO M5H 3B- M5H 2Y2

**REINSTATEMENT**

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

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

**Karen B. Rozar, As Its Agent**

Date 11-5-1997

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)(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:

*Fern Hawker*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FERN HAWKER

Nov. 4, 1997 (416) 869-7800  
Date Daytime Phone #

CR2E040 (8/97)