PLEASE READ A	ALL INSTRU	CTIONS	BEFORE C	OMPLETIN	IG THIS FOR	M		
APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMEN' Sandra B. Morth Secretary of St. DIVISION OF CORPORA		T OF STATE ham tate		ED 18 PH 12: 09			
DOCUMENT # P35567 1 Corporation Namo Fresh Developments (Texas)				SECRET TALLAHA	ARY OF STATE ASSEE FLORID	<u>:</u> Ā		
	Mailing Address 95 St. Clair Are West Suite Noz Toronto, Ontario, Canada MYV 1N6 bugh incorrect information and enter correction below. 3. New Mailing Address, if Applicable			REINSTATEMENT 75 96 4. Date Incorporated or Qualified				
2. New Principal Office Address, If Applicable Suite, Apt. #, etc.	Suite, Apl. #, etc.			To Do Business in Florida				
City & State	City & State			5. FEI Number 76 -00	89224	 '	plied For t Applicable	
Zip Country	Zip	Country		6. CERTIFICATE C	OF STATUS DESIRED	\$8,75 Admitional for a Certificate	Fee required e of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations mu Name of Officers Street Addresses			ions must list at lea et Address of Each					
Title(s) and/or Directors Of			cer and/or Director a Post Office Box N	lumbers)	4 Cit	ty / State / Zlp		
P/sIT/D Fred Shore 1102-95 SI			SI. Clair 1	he Wast	Toronto, C	Ontario GARE	la paving	
VP/0 Harry Gorman 1102-99			t. Clair Ave West Toronto, Ontario, Cana				i i	
				60	000020 -12/19/9 ****575	1601037	5 1 -004 575.00	
9. Name and Addrage of Current I	togletered Agent			9 Name and Ar	Idraes of New Begist	orad Arant		
B. Name and Address of Current Registered Agent C.T. Corporation System				9. Name and Address of New Registered Agent Name				
1200 S. Pine Island Road			Name Street Address (P.O. Box Number is Not Acceptable) Suite, and # 5tc					
Plantatiun, Florida 33324			City State Zip Code					
10. 1, 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 Marie Customers REGISTERED AGENT MUST SIGN Date 12/11/96								
11. Does this corporation pay any intangible tax to the Dept of Revenue under S. 199.032, Florida Statutes. Yes No 🗵 No 🗵 (See other side for information on intangible tax.)								
12 I do hereby combination supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I cortify 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 filling this reinstatement application the reason for dissolution has been eliminated, the curporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all loss eved by the corporation have been end of the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under each.								
SIGNATURE: SIGNATURE AND TYPED OR PRI	NTED NAME OF SIGNIA	IG OFFICER OR D	DIRECTOR		1.5/9 _C	4/6-968 Daytime Phone #	7644	