


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 00 SEP 25 AM 9:15
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # P 38731
 1. Corporation Name
 72091 MANITOBA LTD., INC.

2. Principal Office Address Seven Evergreen Place		3. Mailing Office Address Seven Evergreen Place	
Suite, Apt. #, etc. Suite 2600		Suite, Apt. #, etc. Suite 2600	
City & State Winnipeg, Manitoba		City & State Winnipeg, Manitoba	
Zip R3L 2T3	Country Canada	Zip R3L 2T3	Country Canada

REINSTATEMENT 98-00

4. Date Incorporated or Qualified To Do Business In Florida 05/08/92

5. FEI Number 98-0107502 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Anthony P. Pires, Jr., Woodward, Pires & Lombardo, P.A.

Street Address (P.O. Box Number is Not Acceptable)
801 Laurel Oak Drive

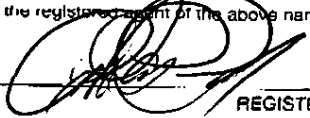
Suite, Apt. #, Etc. Suite 710

City Naples

State FL Zip Code 34108

100003417031-9
 10/06/00-01037-006
 ***1050.00 ***1050.00

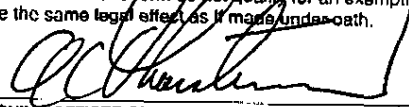
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent  REGISTERED AGENT MUST SIGN Date 9/22/2000

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D-P	Arni C. Thorsteinson	2600 - 7 Evergreen Place	Winnipeg, Manitoba R3L 2T3 Canada
S	Richard N. Blair	2600 - 7 Evergreen Place	Winnipeg, Manitoba R3L 2T3 Canada

10. 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)(l), 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:  Arni C. Thorsteinson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date August 31, 2000 (204) 475-9090
 Daytime Phone #

CR2E081 (9/98)