

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 27 PM 7:54

DOCUMENT # P39847

1. Corporation Name

388028 BRITISH COLUMBIA LTD., INC.

Principal Place of Business

6695 MAIN ST
VANCOUVER BC V5X3H
US

Mailing Address

6695 MAIN ST
VANCOUVER BC V5X3H
US



REINSTATEMENT 99

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07/29/1992	
City & State		City & State		5. FEI Number	
Zip		Country		59-3136584	
				Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$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
PD	BATRA, SUSHIL	6695 MAIN STREET	VANCOUVER, BC
DS	BATRA, RMA	6695 MAIN STREET	VANCOUVER, BC
			200003035312--0
			-11/04/99--01073--010
			***750.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MCDOWELL, JOHN
STRONG PROPERTIES INC
1201 S ORLANDO AVE #360
WINTER PARK FL 32789

Name KEVIN GRIAL
STRONG MANAGEMENT, INC.
Street Address (P.O. Box Number is Not Acceptable)
1201 S. Orlando Avenue Suite 360
Suite, Apt. #, Etc.
Winter Park, FL
City FL Zip Code 32789

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

Kevin Grial

Date 10/21/99

REGISTERED AGENT MUST SIGN

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.

AD

SIGNATURE:

S.K. Batra

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct-14-99

Date

Daytime Phone#

407/629/1800

CR2ED40 (9/99)