PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State Division of corporations		2	FILED 1007 MAY 14 PM 12: 59
DOCUMENT # P39847 1. Corporation Name			SECRETARY OF STATE TALLAHASSEE.FLORIDA	
388028 British Columbia Ltd., Inc.				
W87-20306				
2. Principal Office Address - No P.O. Box # 6695 Main St. 3. Mailing Office Address 6695 Mair		Address REIN		1STATEMENT 04-07
Suite, Apt. #, etc.	Suite, Apt. #, etc.		4. Date Incom	
City & State	City & State		To Do Business in Florida 0//29/1992	
Vancouver BC	Vancouver BC		593136584 Not Applicable	
V5X3H US Canada	V5X3H US	Canada	CERTIFICATE	OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent Name Kevin Grail, Strong Management, Inc.			The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.	
Street Address (P.O. Box Number is Not Acceptable) 1000 N. Orlando Ave.				
Suite, Apt. #, Etc. Suite D				
		State 32789	133 50 112.132.	
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				
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 Director	8	Street Address of Each Officer and/or Director	1	City / State / Zip
P/D BATRA, SUSHIL	6695	6695 Main Street		Vancouver, BC, Canada
D/S BATRA, RMA	6695	Main Street		Vancouver, BC, Canada
			<u>DC</u> US/31.	<u>0103505150</u> 07-01026015 **150.00
			06731 QC	0103606180 07-01020-016 **450.00
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 contained in Chapter 119, 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date				

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