

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



APPLICATION FOR REINSTATEMENT

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

FILED

98 NOV 13 PM 4:05

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P40455

1. Corporation Name
 936262 ONTARIO, INC.

Principal Place of Business 235 Stafford Rd West Suite 103 Nepean, Ontario Canada K2H 9C1	Mailing Address 235 Stafford Rd West Suite 103 Nepean, Ontario Canada K2H 9C1
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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 9/14/92	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 98-0132638	
City & State		City & State		Applied For	
Zip		Zip		Not Applicable	
Country		Country		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

REINSTATEMENT

98

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
DCOF	Ross W. McBride	4001-44 Charles St. W.	Toronto, Ontario, Canada
VD	James P. Donnelly	235 Stafford Rd., Ste. 103	Nepean, Ontario Canada, K2H 9C1
VSTD	Craig A. Vaughan	235 Stafford Rd., Ste. 103	Nepean, Ontario Canada, K2H 9C1

8. Name and Address of Current Registered Agent

E. Ralph Tirabassi
 1515 Ringling Blvd., Suite 100
 Sarasota, FL 34230

9. Name and Address of New Registered Agent

Name
 Corporation Service Company
 Street Address (P.O. Box Number is Not Acceptable)
 1201 Hays Street
 Suite, Apt. #, Etc.
 City
 Tallahassee
 State
 FL
 Zip Code
 32301

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 Deborah W. Skipper as agent Date 11-13-98
 REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: [Signature] Date Nov 11/98 Daytime Phone # 613-721-1722
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (12/96)