

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

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

9/14/92

5. FEI Number 98-0132638

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DCOF	Ross W. McBridge	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*

REGISTERED AGENT MUST SIGN

Date 11-13-98

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (12/96)