

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

DOCUMENT # P41076

1. Corporation Name

J.W.B. PLAN-VEST FINANCIAL SERVICES INC.

Principal Place of Business Mailing Address
619 AVENUE ROAD, SUITE 602
TORONTO, ONTARIO, M4V 2K6

98 AUG 10 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

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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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		October 21, 1992	
City & State		City & State		5. FEI Number	
Zip		Zip		2608144337-82	
Country		Country		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)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P, D,	JOHN W. BOVILLE	SUITE 602, 619 AVENUE ROAD	TORONTO, ONTARIO CANADA, M4V 2K6
S, D,	JAMES A. BOOTH	103 GLOUCESTER AVENUE	TORONTO, ONTARIO CANADA, L6J 3W3
			300002616333--4 -08/14/98--01053--015 ***1000.00 ***1000.00
			300002616333--4 -08/14/98--01053--016 ****350.00 ****350.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Harris, Lynda 515 North Flagler Drive Suite 1800, West Palm Beach Florida 33401		Name UCC FILING & SEARCH SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 526 EAST PARK AVENUE 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 *Ed Hand* Date *8/10/98*

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: *John W. Boville* JOHN W. BOVILLE, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JULY 30, 1998 416 407-2845

Date Daytime Phone #