
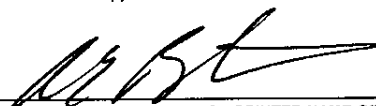


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000031907 1. Corporation Name			
REGENCY AT PALM-AIRE CORPORATION			
Principal Place of Business C/O ALEX BURSTEIN 251 CONSUMERS RD, #100 WILLOWDALE, ONTARIO CANADA M2J4R-3 OC		Mailing Address SAME	
REINSTATEMENT 98-00			
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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida		05/03/1993	
5. FEI Number		Applied For	
65-0409530		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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	CHARRON, YVAN	1434 SHERBROOKE WEST, SUITE 300 MONTREAL,	P.Q. CANADA H3G1K4
T	IEROUX, GILLES	1434-SHERBROOKE-WEST, SUITE 300 MONTREAL,	P.Q. CANADA H3G1K-4
VSD	BURSTEIN, ALEX	251 CONSUMERS RD., #100 WILLOWDALE,	700003427957--3 -10/18/00--01002--019 ***1050.00 ***1050.00 ONTARIO, CANADA M2J4R-3
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
HANDLER, HENRY B., ESQ. 2255 GLADES ROAD BOCA RATON, FL. 33431		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505.			
Signature of Registered Agent		Date	
		Aug. 27, 2000	
REGISTERED AGENT MUST SIGN			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.) AD			
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 name of individuals listed on this form do not qualify for an exemption under section 119.07(3)(l), 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: 		ALEX BURSTEIN	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #
		Oct 22, 1999	416-490-0222