

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB 11 PM 1:51

300012308913
02711/13-401130-005TAS1050.00
TALLAHASSEE, FLORIDA

DOCUMENT # P93000052870

1. Corporation Name

OCALA PLAZA CORPORATION

Principal Place of Business

712 US HWY ONE
N PALM BCH. FL 33408

Mailing Address

2 WATERFIELD DR
SCARBOROUGH, ONT, CANADA M1P3W5

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

2. New Principal Office Address, If Applicable

101 E KENNEDY BLVD.

Suite, Apt. #, etc.

Suite 4000

City & State

TAMPA FLORIDA

Zip

33602

Country

USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

M1P3W5

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/22/1993

5. FEI Number

65-0435416

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)

Title(s)

1

Name of Officers
and/or Directors

2

Street Address of Each
Officer and/or Director

3

City / State / Zip

4

D

SOLOMON, DAVID

79 OLD FOREST HILL RD

TORONTO ONTARIO M5G

DP

LAIRD, ELLIOTT

2 WATERFIELD DR.

SCARBOROUGH, CANADA M1P3W5

8. Name and Address of Current Registered Agent

COHEN, FRED C

712 US HWY ONE

N PALM BCH. FL 33408

9. Name and Address of New Registered Agent

Name

ALEXANDER, DONYA

Street Address (P.O. Box Number is Not Acceptable)

40 HOGAN GROUP, 101 E KENNEDY BLVD.

Suite, Apt. #, Etc.

Suite 4000

City

TAMPA

State

FL

Zip Code

33602

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

[Signature]
The Hogan Group as agent for Ocala Plaza Corp.

Date 2/5/03

11. 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

[Signature] R. LAIRD ELLIOTT

Date

JAN 27/03

Daytime Phone #

416 413 7208

CR2040 (8/01)