

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 JUL 17 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000071448

1. Corporation Name

Central Holdings, Inc.

2. Principal Office Address

PO Box 9060

Suite, Apt. #, etc.

Woodstock

City & State

New Brunswick

Zip

Country

E7m 5C3 Canada

3. Mailing Office Address

PO Box 9060

Suite, Apt. #, etc.

Woodstock

City & State

New Brunswick

Zip

Country

E7m 5C3 Canada

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-08/15/01--01036--010

*****758.75 *****758.75

REINSTATEMENT 01

**4. Date Incorporated or Qualified
To Do Business in Florida**

Oct. 14, 1993

5. FEI Number

59-3212896

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Michael E. Neukamm

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

301 E Pine Street

Suite, Apt. #, Etc.

Suite 1100

City

Orlando

State
FL

Zip Code

32801

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Michael E. Neukamm

REGISTERED AGENT MUST SIGN

Date

7-16-01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Barrett, Edward	300 Lockhart Mill Rd	Woodstock, NB E7m 5C3
PD	Barrett, Malcolm	300 Lockhart Mill Rd	Woodstock, NB E7m 5C3
VD	Barrett, William	300 Lockhart Mill Rd	Woodstock, NB E7m 5C3
STD	Ginson, David	300 Lockhart Mill Rd	Woodstock, NB E7m 5C3

10. 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:

David Ginson
DAVID GINSON
Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

June 29/01

Daytime Phone #

506-328-1217