

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 JUN 11 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000025183

1. Corporation Name

F.C.L.S., Inc.

2. Principal Office Address

25522 E. Marion Ave.

Suite, Apt. #, etc.

Punta Gorda, FL

City & State

Punta Gorda, FL

Zip

33950

Country

US

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Changed To Do Business in Florida

07/13/01--01069--005
****900.00 ****900.00

4/01/94

5. FEI Number

650487306

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

CT Corporation System

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

1200 S. Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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**

Lauren Kreatz
LAUREN KREATZ,
REGISTERED SPECIAL ASSISTANT SECRETARY

Date 6/7/01

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	Black, William	17 Wadsorth Cir.	Brompton, Ontario, Canada
D	Sharits, E.R.	50 5E RUE	Lavel, Quebec, Canada
P	Fine, Vaughn	P.O. Box 9138	Port Charlotte, FL 339523
S/T	Santaguida, Vincent	70 Ronson Drive	Etobicoke, Ontario M9W 1B9

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)(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:

Vincent Santaguida
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/5/01

Daytime Phone #

Sec. / Treas.

CR2E061 (2/00)