

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

03 SEP 15 PM 2:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P94000025183**

**1. Corporation Name**

F.C.L.S., Inc.

**REINSTATEMENT** 02-03

**2. Principal Office Address**

25522 East Marion Avenue

Suite, Apt. #, etc.

City & State

Punta Gorda, FL

Zip

33950

Country

US

**3. Mailing Office Address**

c/o Ferrante & Associates

Suite, Apt. #, etc.

126 Prospect Street

City & State

Cambridge, MA

Zip

02139

Country

US

700023045777

09/15/03--01018--006 \*\*908.75

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

04/1/1994

**5. FEI Number**

65-0487306

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

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

**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

*Anne M. Martin* *Asst VP*

REGISTERED AGENT MUST SIGN

Date

9/9/03

**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
PD	John Friedrichsen	1140 Bay Street, Suite 4000	Toronto, ON-M5S 2B4
DST	Douglas G. Cooke	1140 Bay Street, Suite 4000	Toronto, ON M5S 2B4

**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:**

*John Friedrichsen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

July 22/03

Daytime Phone #

416 960 9500

CR2E081 (10/02)