

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE  
FILED  
97 JAN 21 PM 12:50  
Page 1 of 2

Head Instructions on Other Side Before Making Entries  
Make Check Payable To: Department of State

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Name and Mailing Address of Corporation: **DOCUMENT #**  
P94000034915

Commercial Ventures of Jacksonville, Inc.  
c/o William L. Joel, Esquire  
Rogers, Towers, Bailey, Jones & Gay  
1301 Riverplace Blvd.  
Suite 1500  
Jacksonville, Florida 32207

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

Address

See No. 1

City and State

Zip Code

3. If Principle Office Address is different from mailing address, enter address below:

Address

3101 Bathurst Street, No. 600

City and State

Zip Code

Toronto, Ontario, Canada M6A2A6

4. Date Incorporated or Qualified  
To Do Business in Florida

5/6/94

5. FEI Number

X

FEI Number Applied For

FEI Number Not Applicable

6.

\$8.75 Additional Fee required  
for a Certificate of Status

CERTIFICATE OF STATUS DESIRED ☐

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	Joseph Lebovics	3101 Bathurst Street Suite 600	Ontario Canada M6A2A6
S/T/D	Larry Cappe	1111 Finch Ave., W. Suite 352, Downsview	Ontario Canada M312E5
			000002067420--6 -01/24/97--01031--005 ****915.00 ****915.00
			REINSTATEMENT 96-97
			A. Alan
			1/21/97

**REGISTERED AGENT INFORMATION**

8. Name and Address of Current Registered Agent

9. If changed, new registered agent / office

Name

William L. Joel, Esquire

Street Address (Do NOT Use P.O. Box Number)

Rogers, Towers, Bailey, Jones & Gay

Street Address (Do NOT Use P.O. Box Number)

1301 Riverplace Blvd., Suite 1500

City

State

Zip

Jacksonville

FL.

32207

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

William L. Joel  
REGISTERED AGENT MUST SIGN

Date 1-14-97

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

13. 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., and that all fees owed by the corporation have been paid. 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 of  
Officer or Director

Date

Daytime Phone

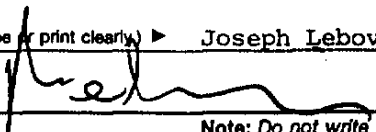
Typed or printed name of signing officer or director

## Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

**EIN**

OMB No. 1545-0003  
Expires 12-31-96

1 Name of applicant (Legal name) (See instructions.) <b>Commercial Ventures of Jacksonville, Inc.</b>				
2 Trade name of business, if different from name in line 1		3 Executor, trustee, "care of" name <b>Joseph Lebovics</b>		
4a Mailing address (street address) (room, apt., or suite no.) <b>3101 Bathurst St. No. 600</b>		5a Business address, if different from address in lines 4a and 4b		
4b City, state, and ZIP code <b>Toronto, Ontario</b>		5b City, state, and ZIP code		
6 Country and state where principal business is located <b>Canada M6A2A6</b>				
7 Name of principal officer, general partner, grantor, owner, or trustor—SSN required (See instructions.) ▶ <b>2187552A</b> <b>Joseph Lebovics</b> <b>CANADA</b>				
8a Type of entity (Check only one box.) (See instructions.) <input type="checkbox"/> Sole Proprietor (SSN) _____ <input type="checkbox"/> REMIC <input type="checkbox"/> Personal service corp. <input type="checkbox"/> State/local government <input type="checkbox"/> National guard <input type="checkbox"/> Other nonprofit organization (specify) _____ (enter GEN if applicable) <input type="checkbox"/> Other (specify) ▶ _____ <input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator—SSN _____ <input checked="" type="checkbox"/> Other corporation (specify) <b>"S" Corp.</b> <input type="checkbox"/> Federal government/military <input type="checkbox"/> Church or church controlled organization				
8b If a corporation, name the state or foreign country (if applicable) where incorporated ▶ State <b>Florida</b> Foreign country _____				
9 Reason for applying (Check only one box.) <input checked="" type="checkbox"/> Started new business (specify) ▶ <b>See No. 14</b> <input type="checkbox"/> Hired employees <input type="checkbox"/> Created a pension plan (specify type) ▶ _____ <input type="checkbox"/> Banking purpose (specify) ▶ _____ <input type="checkbox"/> Changed type of organization (specify) ▶ _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify) ▶ _____ <input type="checkbox"/> Other (specify) ▶ _____				
10 Date business started or acquired (Mo., day, year) (See instructions.) <b>05/06/94</b>		11 Enter closing month of accounting year. (See instructions.) <b>December</b>		
12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) _____ ▶ <b>N/A</b>				
13 Enter highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0." _____ ▶		Nonagricultural <b>0</b>	Agricultural <b>0</b>	Household <b>0</b>
14 Principal activity (See instructions.) ▶ <b>To act as general partner</b>				
15 Is the principal business activity manufacturing? _____ If "Yes," principal product and raw material used ▶ _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
16 To whom are most of the products or services sold? Please check the appropriate box. <input type="checkbox"/> Business (wholesale) <input checked="" type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ▶ _____ <input checked="" type="checkbox"/> N/A				
17a Has the applicant ever applied for an identification number for this or any other business? _____ Note: If "Yes," please complete lines 17b and 17c. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
17b If you checked the "Yes" box in line 17a, give applicant's legal name and trade name, if different than name shown on prior application. Legal name ▶ _____ Trade name ▶ _____				
17c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known. Approximate date when filed (Mo., day, year) _____ City and state where filed _____ Previous EIN _____				
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Business telephone number (include area code) _____				
Name and title (Please type or print clearly.) ▶ <b>Joseph Lebovics, President</b> (416) 789-7112				
Signature ▶  Date ▶ <b>JANUARY 15</b>				
Note: Do not write below this line. For official use only.				
Please leave blank ▶	Geo.	Ind.	Class	Size
Reason for applying				