


Page 1 of 3
FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

03 JUN 16 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>995000096019</u>					
1. Corporation Name VHS NETWORK, INC.					
2. Principal Office Address 1400 Dixie Road Suite, Apt. #, etc. #305 City & State Mississauga, Ontario Zip L5E 3E1 Country Canada			3. Mailing Office Address 390 Bay Street Suite, Apt. #, etc. #2020 City & State Toronto, Ontario Zip M5H 2Y2 Country Canada		
4. Date incorporated or Qualified To Do Business in Florida December 18, 1995				Applied For Not Applicable	
5. FEI Number 65-065668				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> 58.75 Additional Fee required for a Certificate of Status	

2001-2003
4 BR

01-03

7. Name and Address of Current Registered Agent		
Name LEXISNEXIS DOCUMENT SOLUTIONS INC.		
Street Address (P.O. Box Number is Not Acceptable) 3953 W W Kelley Road		
Suite, Apt. #, Etc. 500020928105		
City TALLAHASSEE	State FL	Zip Code 32311

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: C. Woodard, as agent Date: 6/11/03

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D/P	Elwin D. Cathcart	#305 1400 Dixie Road	Mississauga ON L5E 3E1
D/S	Gang Chai	89 Drewry Avenue	Toronto ON M2M 1E1
D	David Smelsky	RR#4	Rockwood ON NOB 2K0
D	Thomas Roberts	PO Box 128	Fayette AL 35555

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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 06/16/03 Daytime Phone #: 905-238-9398

CRUZSON (1/03)

BB

VHS NETWORK, INC. *Page 2 of 3*

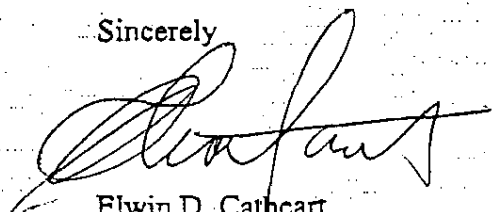
June 9, 2003

Florida Department of State
Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madame:

We have completed and enclosed the Corporation Reinstatement Form.
Please be advised that we did not receive the 2001 Report.
We would therefore request that you waive any and all late fees for the reinstatement of
this corporation

Sincerely



Elwin D. Cathcart
President and CEO

ACCOUNT FILING COVER SHEET *Page 303*

ACCOUNT NUMBER: FCA000000005

REFERENCE: 960 8780-1
(Sub Account)

DATE: ~~6/11/03~~ 6/16/03

REQUESTOR NAME: Lexis Document Services

ADDRESS: _____

TELEPHONE: (____) (____ - _____) ext (____)

CONTACT NAME: _____

CORPORATION NAME: VHS Network, Inc.

DOCUMENT NUMBER: _____
(if applicable)

AUTHORIZATION: Cynthia J. Woodyard

- CERTIFIED COPY (1-9)
- CERTIFICATE OF STATUS (1-9)
- PLAIN STAMPED COPY

Reinstatement
450.
8.75
458.75

- Call When Ready
- Walk In
- Mail Out
- Call if Problem
- Will Wait
- After 4:30
- Pick Up