

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

00 MAR -6 AM 11:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P96000075852

**1. Corporation Name**

REDMOND CAPITAL CORP.

**2. Principal Office Address**

1255 WEST PENDER ST.

**3. Mailing Office Address**

1255 WEST PENDER ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

VANCOUVER, BC

City & State

VANCOUVER, BC

Zip

V6E 2M4

Country

CANADA

Zip

V6E 2M4

Country

CANADA

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

SEPT. 12, 1996

**5. FEI Number**

98-0176487

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

CORPORATE CREATIONS ENTERPRISES INC.

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

941 FOURTH STREET

Suite, Apt. #, Etc.

#200

City

MIAMI BEACH

State

FL

Zip Code

33139

**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

*[Signature]* PRES.

REGISTERED AGENT MUST SIGN

Date 3/9/2000

**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
P	JOHN PALMER	Henville Bldg. Main St.	Charlestown, Nevis West Indies
S, T	BYRON LOEWEN	1004-1708 Dolphin Ave.	Kelowna, BC V1Y 9S4
C	CLIFFORD WILKINS	10 Kestral Close	Ewshot, Farnham Surrey, U.K.
D	JOHN LAGADIN	520 - 715 - 5th Ave. S.W.	Calgary, Alberta
D	RICHARD SMITH	Henville Bldg. Main St.	Charlestown, Nevis West Indies
D	A. ROSS BELYEA	7486 Barrymore Dr.	North Delta, BC V4C 6X4

**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]*

JOHN PALMER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 3, 2000

Date

604 638-1638

Daytime Phone #

CR2E081 (9/99)