PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 OCT 27 PM 2:50

DOCUMENT # P97000037982

1. Corporation Name

TAMARACK DEVELOPMENTS CORPORATION

W99000022986

Principal Place of Business	Mailing Address
201-1500 BANK ST.	201-1500 BANK ST.
OTTAWA, ONTARIO	OTTAWA, ONTARIO
CANADA K1H 7Z2	CANADA K1H 7Z2

600003034086--7
-11/03/99--01063--013
****900.00 ****900.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida
16821 Harriertridge Place	3187 ALBION ROAD	04/29/1997
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State: Lithia FLORIDA	City & State: OTTAWA ONTARIO	5. FEI Number: 58-2328168
Zip: 33547 Country: USA	Zip: K1V 8Y3 Country: CANADA	Applied For ☐ Not Applicable ☐
		6. CERTIFICATE OF STATUS DESIRED ☐

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
D	TAGGART, CHRISTOPHER	3187 ALBION ROAD 201-1500 BANK ST.	OTTAWA, ONTARIO, CAN K1V 8Y3 ~~K1H 7Z2~~

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11/2

8. Name and Address of Current Registered Agent

JACOBSON, RICHARD A.
501 KENNEDY BLVD., STE. 1700
TAMPA, FL 33602 US

9. Name and Address of New Registered Agent

Name: Richard A. Jacobsen

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

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 By: _____ Date 10/25/99

REGISTERED AGENT MUST SIGN Richard A. Jacobsen

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☑ No ☐ (See other side for information on intangible tax.)

12. 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: _____ SEPT 26/99 613-739-2919

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #