1492

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 APR -5 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000054009

1. Corporation Name

ALL-STATE HYBRIDS, INC.

REINSTATEMENT 01-07 CR2E081 (1/01) ep

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
120 Eglinton Avenue East	120 Eglinton Avenue East
Suite, Apt. #, etc. Suite 500	Suite Apt. #, etc. Suite # 500
City & State Toronto, ONTARIO	City & State Toronto, ONTARIO
Zip M4P1E2 / Country Canada	Zip M4P1E2 / Country Canada

4. Date Incorporated or Qualified To Do Business in Florida: 06/19/1997

5. FEI Number: 650773562 ☐ 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 NETWORK, INC.

Street Address (P.O. Box Number is Not Acceptable): 11380 Prosperity Farms Rd

Suite, Apt. # or Bldg.: #221E

City: Palm Beach Gardens State: FL Zip Code: 33410

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: Yulia Huberdeau, Asst. Secretary
REGISTERED AGENT MUST SIGN

Date: 4/3/2007

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	Paul Hines	120 Eglinton Avenue East	Toronto, ONTARIO M4P1E2
		Suite # 500	Canada

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 contained in Chapter 119, 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: J Paul Hines/D by Y.Huberdeau as attorney-in-fact 4/4/2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

292

Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
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Fax Number : (561)694-1639

CORPORATION REINSTATEMENT

ALL-STATE HYBRIDS, INC.

Certificate of Status	0
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