

attachment 1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED

08 NOV -4 PM 2:07

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P97000101970

1. Corporation Name

PROVINCIAL TRANSPORT SERVICES, INC.

2. Principal Office Address - No P.O. Box #

1073 LARKIN ROAD

Suite, Apt. #, etc.

City & State

SPRING HILL, FL

Zip

34608

Country

USA

3. Mailing Office Address

570 Clarke Road

Suite, Apt. #, etc.

City & State

London, Ontario

Zip

N5V 3K5

Country

Canada

4. Date Incorporated or Qualified To Do Business in Florida

12/03/97

5. FEI Number 593491266

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

Paul H. Nessler, Jr.

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

10002 Cortez Boulevard

Suite, Apt. #, Etc.

City

Spring Hill

State

FL

Zip Code

34613

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

REGISTERED AGENT MUST SIGN

Date

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

Table with 4 columns: Titles, Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Includes Paul A. Curry and John A. Curry, Jr.

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

813 Oct 24/08 600 0433

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CR2E081 (12/07)

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Signature of Registered Agent

Handwritten signature of Paul H. Nessler, Jr.

REGISTERED AGENT MUST SIGN

Date

10/30/08

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
D	Paul A. Curry	570 Clarke Road	London, Ontario, N5V 3K5, Canada
D	John A. Curry, Jr.	570 Clarke Road	London, Ontario, N5V 3K5, Canada

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SIGNATURE:

Handwritten signature of Paul A. Curry

President

Oct 24/08 813 600 0432