

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 JAN 29 PM 5:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000030440

1. Corporation Name

MDF, Inc.

2. Principal Office Address

1600 Britannia Rd East

Suite, Apt. #, etc.

City & State

Mississauga Ontario

Zip

L4-W1J2

Country

Canada

3. Mailing Office Address

c/o Holland & Knight

Suite, Apt. #, etc.

400 N. Ashley St., #2300

City & State

Tampa, Florida

Zip

33602

Country

REINSTATEMENT

02-03

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

04/02/1998

5. FEI Number

98-0207976

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

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

Cynthia A. Harris, as to agent

REGISTERED AGENT MUST SIGN

Date

1/29/03

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 P	McWilliams, Ray	1600 Britannia Road East	Mississauga, Ontario L4W 1J2
			Canada
			900011198839

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:

Ray McWilliams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAY MCWILLIAMS

Date

JANUARY 27/03

Daytime Phone #

(905-670-6500)

CR2E081 (10/02)

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CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 911596 4303940

AUTHORIZATION : *Patricia Pigato*

COST LIMIT : \$ 900.00

ORDER DATE : January 29, 2003

ORDER TIME : 12:36 PM

ORDER NO. : 911596-005

CUSTOMER NO: 4303940

CUSTOMER: Kathleen Wheeler, Legal Asst
Holland & Knight LLP
Suite 2050
400 North Ashley Drive
Tampa, FL 33602

DOMESTIC FILINGS

NAME: MDF, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea

EXAMINER'S INITIALS _____