

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 JUL 19 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000076540

1. Corporation Name

Wildwood Dale Mabry, Inc.

2. Principal Office Address

230 BLOOR ST. W.
1 Concord Gate

3. Mailing Office Address

230 BLOOR ST. W.
1 Concord Gate

Suite, Apt. #, etc.

Suite 400
SECOND FLOOR

Suite, Apt. #, etc.

Suite 400
SECOND FLOOR

City & State

TORONTO
North York, Ontario

City & State

TORONTO
North York, Ontario

Zip

M5S 1T8

Country

Canada

Zip

M5S 1T8

Country

Canada

**4. Date Incorporated or Qualified
To Do Business in Florida** 8-31-98

5. FEI Number

59-2534153

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

Peter J. Kelly, Esq.

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

201 N. Franklin St.

Suite, Apt. #, Etc.

Suite 2200

City

Tampa

State

FL

Zip Code

33601

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 7-11-2000

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
D/P	Gabe Tsampalieros	230 BLOOR ST. W. 1 Concord Gate, Suite 400	TORONTO North York, Ontario, Canada M5S 1T8

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GABE TSAMPALIEROS

JULY 12, 2000 (416) 324-9770 x254

Date

Daytime Phone #

CR2E081 (9/99)