

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000012813

1. Corporation Name

BROADBAND SERVICES, INC.

2. Principal Office Address

THE ROWANWOOD CENTRE

3. Mailing Office Address

THE ROWANWOOD CENTRE

Suite, Apt. #, etc.

1067 Yonge Street

Suite, Apt. #, etc.

1067 Yonge Street

City & State

Toronto, Ontario

City & State

Toronto, Ontario

Zip

M4W-2L2 OC

Country

Canada

Zip

M4W-2L2 OC

Country

Canada

4. Date Incorporated or Qualified
To Do Business in Florida

02/08/1999

5. FEI Number

95-4726820

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ **YES**

**\$8.75 Additional Fee required
for a Certificate of Status.**

7. Name and Address of Current Registered Agent

Name

James J. Hoxtor

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

215 North Eola Drive

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32801

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

James J. Hoxtor
James J. Hoxtor

REGISTERED AGENT MUST SIGN

Date **November 14, 2001**

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
DPST	MATUS, GEOFFREY	The Rowanwood Centre 1067 Yonge Street	Toronto, Ontario Canada M4W-2L2OC

REINSTATEMENT 01/18

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:

Geoffrey Matus
GEOFFREY MATUS, PRESIDENT

November 15, 2001

Date

Daytime Phone #