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HARRIS BEACH LLP

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DEC 14 PM 4:45

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P99000041136			
1. Corporation Name NATIONAL RESTORATION INC.			
2. Principal Office Address 2500 NW 36th		3. Mailing Office Address 7420 Verite Street	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State Boca Raton, Florida		City & State St-Laurent, Quebec	
Zip 33414	Country U S A	Zip H4S 1C5	Country Canada

REINSTATEMENT 04

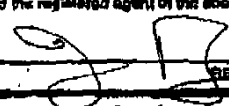
4. Date (Incorporated or Chartered To Do Business in Florida) **5/6/99**

5. PB Number
65-0391065

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent	
Name Corporation Service Company	
Street Address (P.O. Box Number is Not Acceptable) 1201 Nays 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 807.0505 or 817.0503, F.S.

Signature of Registered Agent  **Jeanine Reynolds**
as its agent Date **December 13, 2004**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Name	Name of Officer and/or Director	Street Address of Each Officer and/or Director	City/State/Zip
d	James A. Bishop	7420 Verite Street	St. Laurent, Que. Canada
p/s/c			H4S 1C5

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 807 or 817, 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 807.0401 or 817.0401, F.S., that all taxes owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 118.07(3)(b), F.S. The information indicated on this application is true and accurate, and my signature will have the same legal effect as if made under oath.

SIGNATURE:  **JAMES A. BISHOP** Date **Dec. 13, 04** S14-334-7690

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Division of Corporations

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

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

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CORPORATION REINSTATEMENT

NATIONAL RESTORATION INC.

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