

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 FEB -8 PM 16
 FLORIDA STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 507305

1. Corporation Name
TRÉAL GROUP, INC.
W990000 01571

Principal Place of Business Mailing Address

100 Alexis Nihon Blvd. SAME
Suite 290
St. Laurent, Quebec
H4M 2N7

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. Date Incorporated or Qualified To Do Business in Florida October 15, 1990

5. FEI Number 650235327 Applied For ☐ Not Applicable ☒

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 97-990
218191

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

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
Pres.	Sandra Farber	100 Alexis Nihon Blvd. Suite 290, St. Laurent, Quebec, H4M 2N7	
Sec'y	Leo Kravitz	100 Alexis Nihon Blvd. Suite 290, St. Laurent, Quebec, H4M 2N7	

7000002773277--8
 -02/11/99--01078--008
 ****300.00 ****300.00
 7000002773277--8
 -02/11/99--01078--010
 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

Harold A. Litwin
2815 Prairie Avenue
Miami Beach, FL 33140

9. Name and Address of New Registered Agent

Name AVI J. LITWIN, ESQ.

Street Address (P.O. Box Number is Not Acceptable) 4434 Sheridan Avenue

Suite, Apt. #, Etc.

City Miami Beach State FL Zip Code 33140

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent [Signature] Date December 16, 1998

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Dec 16/98 Daytime Phone #

CRP/EOG (1/98)