

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 DEC 11 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S16246

1. Corporation Name

Eight Hundred, Inc.

2. Principal Office Address

204 Park Lake St.

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32803

Country

U.S.A.

3. Mailing Office Address

P.O. Box 36

Suite, Apt. #, etc.

City & State

Fort Erie, CA

Zip

12-A5MG

Country

U.S.A.

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

11/30/1990

5. FEI Number

65-0228798

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

Egan, Thomas F.

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

204 Park Lake Street

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32803

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

X

REGISTERED AGENT MUST SIGN

Date

12/4/08

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	Furtney, Philip Leroy	P.O. Box 2439 2410	St. Marys ON N4X 1A3

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12/11/06--01075--008 **1050.00

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 contained in Chapter 119, 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

Date

Daytime Phone #

519-488-1738
Dec 5/06 519-870-2951