

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUN 11 AM 7:54

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S48471

1. Corporation Name

AMBER MERCANTILE CORPORATION

2. Principal Office Address - No P.O. Box #

35 Penwood Crescent

3. Mailing Office Address

35 Penwood Crescent

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Toronto, Ontario

City & State

Toronto, Ontario

Zip

M3B3B1

Country

CANADA

Zip

M3B 3B1

Country

Canada

REINSTATEMENT

CR2E081 (1/07)

04-07

4. Date Incorporated or Qualified
To Do Business in Florida

04/29/1991

5. FFI Number

650278708

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
Blake, Kuehler, Babione & Pool (Mark Kuehler)

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

4060 Edgewater Drive

Suite, Apt. #, Etc.

City
Orlando

State
FL

Zip Code
32804

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Mark Kuehler
REGISTERED AGENT MUST SIGN

Date **29 May 2007**

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 | MERETSKY, Philip | 35 Penwood Crescent | Toronto, Ontario M3B 3B1 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

800104224108
06/11/07--01049--004 **\$600.00

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

Philip H. Meretsky

29 May 2007

Date

416-943-0808

Daytime Phone #