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

97 MAR 24 PM 3:09

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT #

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1. Corporation Name

曹操の一下、「日本の事を見てのはまれる」 解釈を記ればれる。「日本の事を取ります」とおい

ULFAM CONSULTANTS, LTD., INC.

					1			
Principal Place of Business Mailing A			fress					
4850	Cote St. Luc Road	4850	4850 Cote St. Luc Road					
No. 84		No. 8			MEILL	. TATELEPAI	T ~ ~ ~ ~	
Montr	eal, Canada H3W 2H2		eal, Canada	. H3W 2H2	HFIM5	STATEMEN	46	
	-		·				The state of the s	
	addresses are incorrect in any way, line the incipal Office Address, If Applicable		iling Office Address, I		4 Date Incom	and a Constitution		
						4. Date Incorporated or Qualified To Do Business in Florida 10/14/91		
Sulte, Apt. #, etc.		Suite, Apt. #	Suite, Apt. #, etc.		5 FFI Alicenter			
City & State		City & State	City & State		Applied roll			
		ony & onate			98-0121322 Not Applicable			
Zip	Country	Zip	Count	ry		E OF STATUS DESIRED S8	.75 Additional Fee required for a Certificate of Status	
7. Names	and Street Addresses of Each Officer and	l/or Director (Fk	orida nonorofit corpor	rations must list at lea	ast 3 directors)			
	Name of Officers	St	reel Address of Each					
Title(s) and/or Directors			Officer and/or 3 (Do NOT Use Post Offi			City / State / Zip		
			(00.101.0	O T COL CINCO DON'T	tumoers)			
D	Ulrich, Erie		4850 Cote	St. Luc Ro	ad #84 Montreal, Canada H3W 2H2			
						,		
			1			 Indiana tak	2-2010-2011	
						00002126 -03/27/97-	01102002	
						***1080.00	***1080.80	
1								
•						1 . 1/2 =	3-24-9-1	
Name and Address of Current Registered Agent				9. Name and Address of New Registered Agent				
Name								
Glenn E. Wichinsky, Esquire					(DO Day Musta is Not a second			
and the on towards instituti				Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.				
Suite 200								
Boca Raton, Florida 33432								
				City		State FL	Zip Code	
10. I, being	appointed the registered agent of the abo	ve named corpo	oration, am familiar w	I ith and accept the ob	oligations of Secti	on 607.0505, F.S.	<u>- </u>	
Signature of	11/			-			1000	
Registered /		GISTERED AG	ENT MUST SIGN	· · · · · · · · · · · · · · · · · · ·		Date March 11	1997	
11 D-								
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No X (See other side for information on intangible tax.)								
***************************************						•		
owed by	that I am an officer or director or the receistatement application, the reason for disso the corporation have been paid and the	names of Individ	eliminated, the corpounds listed on this form	orate name satisfies ti m do not qualify for a	the requirements an exemption und	of cootion 607 0404 or 647 04	IOI E C. ibol all face	
on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.								
$C \rightarrow A \rightarrow A$								

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ERIE ULRICH, DIRECTOR

3/14/97 - 514-481-5788