

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 MAY 30 AM 8:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S99590

1. Corporation Name

ALGONQUIN MANAGEMENT & REALTY, INC.

200005765032--5
-06/13/02--01034--001
***1058.75 ***1058.75

2. Principal Office Address

1400 Centrepark Boulevard

Suite, Apt. #, etc.

Suite 1000

City & State

West Palm Beach, FL

Zip

Country

33401

3. Mailing Office Address

1400 Centrepark Boulevard

Suite, Apt. #, etc.

Suite 1000

City & State

West Palm Beach, FL

Zip

Country

33401

REINSTATEMENT 00-02

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/06/1991

5. FEI Number

65-0308166

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

John F. Mariani, Esquire

Levy Kneen Mariani LLC
Street Address (P.O. Box Number is Not Acceptable)

1400 Centrepark Boulevard

Suite, Apt. #, Etc.

Suite 1000

City

West Palm Beach

State

FL

Zip Code

33401

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

John Mariani

REGISTERED AGENT MUST SIGN

Date

5/29/02

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
P	Kevin B. Murphy	1480 Riverside Drive #1401	Ottawa, Quebec CN K1G1H2
			900-ADM
			6125-AR
			88.75-ALBURY
			8.75-Cent

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 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:

Kevin B. Murphy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

23 MAY / 2002

Date

Daytime Phone #

(613)-
521-6564

CR2E081 (9/01)