PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
00 OCT 20 PM 1:38
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # V01715

1. Corporation Name

NATIONAL VENTURES, INC.

Principal Place of Business	Mailing Address
14100 58TH ST. NORTH CLEARWATER FL 33760	14100 58TH ST. NORTH CLEARWATER FL 33760

REINSTATEMENT 00

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.: 300
City & State	City & State: Toronto, Ontario
Zip / Country	Zip: M5C 2C5 / Country: Canada

4. Date Incorporated or Qualified To Do Business in Florida: 12/24/1991

5. FEI Number: 59-3097482 ☐ Applied For ☐ Not Applicable

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

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
CD PD	~~VANADEL, ROBERT~~ Janson, P.	~~2010 WINSTON PARK DRIVE~~ 36 Toronto Street, Suite 300	~~OAKVILLE, ONTARIO~~ Toronto, Ontario M5C 2C5
~~PD~~ D	~~BROWN, R.W.~~ Settlage, R.	~~14100 58TH ST. N.~~ 10108-32 Ave W.,Bldg C3, Suite	~~CLEARWATER FL~~ A2, Everett WA 98204
~~VST~~ D	~~QUACKENBUSH, M.P.~~ Hansen, L.	~~14100 58TH ST. N.~~ 3232 West Virginia Ave.	~~CLEARWATER FL~~ Phoenix, AZ 85009
~~V~~ D	~~LEGAULT, G.~~ McCluskie, J.	~~2010 WINSTON PARK DRIVE~~ 4435 E Holmes Ave.	~~OAKVILLE, ONTARIO~~ Meza, AZ 85206-3372
VST	McCaw, S.	36 Toronto Street, Suite 300	Toronto, Ontario M5C 2C5
V	Yeh, F.	36 Toronto Street, Suite 300	Toronto, Ontario M5C 2C5

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) 800003446978--5 Suite, Apt. #, Etc. -11/01/00--01056--002 ****758.75 ****758.75 City / State: FL / Zip Code

CR2E040 (8/00)

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: Connie Bryan SIGNATURE REQUIRED CONNIE BRYAN SPECIAL ASSISTANT SECRETARY Date: 10/20/2000
REGISTERED AGENT MUST SIGN

11. 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.

KE

SIGNATURE: SIGNATURE REQUIRED October 19, 200 (416)644-3621
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

S. McCaw