

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV -3 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V01738

1. Corporation Name

CSM-Monenco, Inc.

2. Principal Office Address

Suite, Apt. #, etc. Franklin Tower
Suite 1000, 1401 I (Eye)
Street NW

City & State

Washington, DC

Zip

20005

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.
Suite 700, 2020 Winston
Park Drive

City & State

Oakville, Ontario

Zip

L6H 6X7

Country

Canada

REINSTATEMENT

03-04

MRS

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

12/20/1991

5. FEI Number

133639835

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

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State
FL

Zip Code
33324

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

Connie Bryan

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date *11/2/04*

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/P	Lasse Petterson	2000 West Sam Houston Parkway South, Suite 1000	Houston, TX, 77042, USA
D/T	Grant Ling	Franklin Tower, Suite 1000, 1401 I (Eye) Street NW	Washington, DC, 20005, USA
V	Nicholas Vlastaris	2020 Winston Park Drive, Suite 700	Oakville, Ontario, L6H 6X7, Canada
S	Vivienne R. Schiffer	333 Clay Street, Suite 3300	Houston, TX, 77002, USA
AS	Gregory R. Gerrish	2020 Winston Park Drive, Suite 700	Oakville, Ontario, L6H 6X7, Canada

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Assistant Secretary

October 28, 2004.

Date

Daytime Phone #
(905) 829-5400

CR2E081 (01/04)



October 28, 2004

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399
USA

Dear Sir:

**Re: Document # V01738
CSM-Monenco, Inc. – State of Florida**

Please be advised that the above corporation moved premises and we never received the Annual Report. Therefore we request that the penalty for reinstatement be waived.

Yours truly,

A handwritten signature in black ink, appearing to read 'Greg Gerrish', is written over a horizontal line.

Greg Gerrish
Assistant Corporate Secretary

GG/ljr