

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2009 JUL 13 AM 9:58


SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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07/13/09--01027--029 **1500.00

CR2E081 (12/08)

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V14560

1. Corporation Name

007 Investments, Inc

~~REINSTATEMENT~~ 2004-09

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

77 Hillholm Road

3. Mailing Office Address

77 Hillholm Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Toronto, Ontario

City & State

Toronto, Ontario

Zip

M5P 1M4

Country

Canada

Zip

M5P 1M4

Country

Canada

4. Date Incorporated or Qualified To Do Business in Florida

02/14/1992

5. FEI Number
980127366

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

Robert Masters

Street Address (P.O. Box Number is Not Acceptable)
2800 North Ocean Drive

Suite, Apt. #, Etc.

Tower A - apt 10B

City

Singer Island

State
FL

Zip Code
33404

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

Date

REGISTERED AGENT MUST SIGN

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
DP	Sheila Masters	77 Hillholm Road	Toronto, Ontario, M5P 1M4
DST	Robert Masters	77 Hillholm Road	Toronto, Ontario, M5P 1M4

10. I certify that I am an officer or director of 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:

Robert Masters

July 10, 2009

416-361-1399

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

APR