


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 JUN 24 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



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

DOCUMENT # V29196

1. Corporation Name
LORD Cultural Resources Planning & Management, Inc.

2. Principal Office Address 3375-G Capital Circle NE		3. Mailing Office Address 3375-G Capital Circle NE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tallahassee, FL		City & State Tallahassee, FL	
Zip 32308	Country USA	Zip 32308	Country USA

100006072581--E
-06/27/02--01056--023
****450.00 ****450.00

4. Date Incorporated or Qualified To Do Business in Florida **04/16/1992**

5. FEI Number **65-0329823**

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
Thomson Brock Cherry & Company

Street Address (P.O. Box Number is Not Acceptable)
3375-G Capital Circle NE

Suite, Apt. #, Etc.

City
Tallahassee

State FL	Zip Code 32308
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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	Lord, Gail Dexter	301 Davenport Rd.	Toronto, ON M5R 1K5
DVPS	Lord, Barry	301 Davenport Rd.	Toronto, ON M5R 1K5
DVP	Nick, John	301 Davenport Rd.	Toronto, ON M5R 1K5

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: *Barry Lord* **Barry Lord** June 21/02 **(416)928-9292**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

DIRECTOR

CR2E081 (9/01)