

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**
**FLORIDA DEPARTMENT OF STATE**  
 Secretary of State  
 DIVISION OF CORPORATIONS

07 MAR 28 PM 1:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # V60956

1. Corporation Name

New Undermount Investments, Inc.

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

3132 Lakeshore Road

3. Mailing Office Address

3132 Lakeshore Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

Burlington ON

City &amp; State

Burlington On

Zip

L7N 1A4

Country

Canada

Zip

L7N 1A4

Country

Canada

**REINSTATEMENT** 02-07

CR2E081 (1/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

06/01/1992

5. FEI Number

65-0426478

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒SE 75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
Victor P. DeBianchi Jr.

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

% Victor P. DeBianchi Jr. P.A. 1720 Harrison St

Suite, Apt. #, Etc.

6CE

City  
HollywoodState  
FLZip Code  
33020
☒ 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

REGISTERED AGENT MUST SIGN

Date 3/21/07

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	Leonora Cutaia	3132 Lakeshore Rd.	Burlington ON L7N 1A4
V	Richard Cutaia	3132 Lakeshore Rd	Burlington ON L7N 1A4
T	Nicholas Cutaia	3132 Lakeshore Rd.	Burlington ON L7N 1A4

300096445993  
04/11/07--01020--021 \*\*908.75

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 26, 2007 905 467 5151

Date

Daytime Phone #

JC 4/3