

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**  
 98 AUG 10 AM 11:11  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # 489105**  
 1. Corporation Name  
**CARLTON INVESTMENTS OF FLORIDA, INC.**

Principal Place of Business      Mailing Address  
**250 So. Ocean Blvd.**      **250 So. Ocean Blvd.**  
**Apt. 6E+**      **Apt. 6E**  
**Boca Raton, FL 33432**      **Boca Raton, FL 33432**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

**REINSTATEMENT** 95-98  
 W

2. New Principal Office Address, If Applicable  
**110 Bloor Street West**  
 Suite, Apt. #, etc.  
**# 806**  
 City & State  
**Toronto, Ontario**  
 Zip  
**M5S 2W7**      Country  
**Canada**

3. New Mailing Office Address, If Applicable  
**110 Bloor Street West**  
 Suite, Apt. #, etc.  
**# 806**  
 City & State  
**Toronto, Ontario**  
 Zip  
**M5S 2W7**      Country  
**Canada**

4. Date Incorporated or Qualified To Do Business in Florida      **11/7/75**

5. FEI Number      Applied For  
**59-2206730**      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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/S/D	Cathy H. Roberts	110 Bloor Street West # 806	Toronto, Ontario Canada M5S 2W7
VP/T/D	G. Christopher Roberts	110 Bloor Street West # 806	Toronto, Ontario Canada M5S 2W7
			700002612517--2 -08/11/98--01026--007 ***1208.75 ***1208.75

8. Name and Address of Current Registered Agent  
**Carol MacMillan Stanley**  
**29 N.E. 4th Avenue**  
**Delray Beach, FL 33444**

9. Name and Address of New Registered Agent  
 Name  
**Corporate Access, Inc., a FL corporation**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1116-D Thomasville Road**  
 Suite, Apt. #, Etc.  
**Mt. Vernon Square**  
 City  
**Tallahassee**      State  
**FL**      Zip Code  
**32303**

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 *Dany Bennett*      Date **08/ / 98**  
**Dany Bennett, President** REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other side for information on intangible tax.)

12. 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: *Cathy H. Roberts*      08/07/98      (416) 922-8148  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #  
**Cathy H. Roberts, President**

CR2E040 (12/96)