


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

10 of 2

CORPORATION REINSTATEMENT



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

FILED
 00 NOV 27 PM 3:15
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # 625619
 1. Corporation Name
 GRANT-ALLAN ENTERPRISES, INC.

| | | | |
|--|--|--|--|
| 2. Principal Office Address 44 Victoria Street Suite, Apt. #, etc. The Victoria Tower 1614 City & State Toronto Ontario Zip M5C1Y2OC Country Canada | | 3. Mailing Office Address 44 Victoria Street Suite, Apt. #, etc. The Victoria Tower 1614 City & State Toronto Ontario Zip M5C1Y2OC Country Canada | |
|--|--|--|--|

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida June 13, 1979

5. FEI Number 59-1919043 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED: \$0.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
 Michael E. Botos

Street Address (P.O. Box Number is Not Acceptable)
 250 Royal Palm Way

Suite, Apt. #, Etc.
 Suite 300

City
 Palm Beach

State
 FL

Zip Code
 33480

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 11/21/00

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 |
|---------|-----------------------------------|--|-------------------------|
| D,P,S,T | Russell Allan | 44 Victoria Street The Victoria Tower 1614 | Toronto Ontario, Canada |
| VP | William Allan | 44 Victoria Street The Victoria Tower 1614 | Toronto Ontario, Canada |
| | | | 100003475941-4 |

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: William Allan ²⁰⁰⁰ **KE**
 Nov 21 07 416-594-1997

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

CR2E081 (9/99)

20F2



ACCOUNT NO. : 072100000032
REFERENCE : 906596 4323109
AUTHORIZATION : *Patricia Pyzdek*
COST LIMIT : \$ 1658.75

ORDER DATE : November 21, 2000
ORDER TIME : 12:08 PM
ORDER NO. : 906596-005
CUSTOMER NO: 4323109
CUSTOMER: Patrick Johnson, Legal Asst
Edwards & Angell
250 Royal Palm Way
Suite 300
Palm Beach, FL 33480

DOMESTIC FILINGS

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
NOV 27 PM 12:38
IN ORDER
TO VERIFY
SUFFICIENCY OF FILING

NAME: GRANT-ALLAN ENTERPRISES, INC.

REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- XX PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Norma Hull
EXAMINER'S INITIALS _____