


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	
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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: *[Signature]* 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: *[Signature]* **Nov 21 2000** **416-594-1997** **KE**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/99)



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 REINSTATE 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 _____