

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 DEC -8 PM 3:40 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # F03780 1. Corporation Name GLOBALNETCARE, INC.					
Principal Place of Business Suite 950, 2000 McGill College Montreal, Quebec H3A 3A3			Mailing Address Suite 950, 2000 McGill College Montreal, Quebec H3A 3A3		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable		3. New Mailing Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida October 30, 1980	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
City & State		City & State		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
Zip	Country	Zip	Country		
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)		City / State / Zip	
1	Chairman, Chief Executive Officer and Director	George M. Tsoukas		26 Sunnyside Avenue Westmount, Quebec H3Y 1C2	
	Chief Operating Officer	Harvey Lalach		265 Alice Carriere Beaconsfield, P.Q. H9W 6E6	
	Director	Nick Pedafronimos		200 McGill College, Suite 950 Montreal, Quebec H3A 3A3	
	President and Director	Patrick Power		2004, 1323 Homer Street Vancouver, British Columbia V6B 5T1	
	Director	David Mulder		76 Sunnyside Avenue Westmount, Quebec H3Y 1C2	
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
Douglas Ward 1709 Fountain Head Drive Lake Mary, Florida 32746			Name Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street Suite, Apt. #, Etc.		
			City Tallahassee	State FL	Zip Code 32301
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 <u>Jennifer L. Oliver</u> Date <u>December 7, 1999</u> REGISTERED AGENT MUST SIGN <u>ASST. V.P.</u>					
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (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: <u>Harvey Lalach</u> Date <u>Dec 1, 1999</u> 5142884909 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #					



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ACCOUNT NO. : 072100000032

REFERENCE : 504271 4359097

AUTHORIZATION :

Patricia Pizito

COST LIMIT : \$ 750.00

ORDER DATE : December 6, 1999

ORDER TIME : 12:37 PM

ORDER NO. : 504271

CUSTOMER NO: 4359097

CUSTOMER: Ms. Jackie Zukerman
Clark Wilson, Barristers
800-885 West Georgia Street
Hong Kong Bank Building
Vancouver, Bc, CN V6C3H1

CHANGE OF AGENT

NAME: GLOBALNETCARE, INC.

XX REINSTATEMENT AND CHANGE OF AGENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Janna Wilson

RECEIVED
99 DEC -8 PM 3: 17
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA