


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 APR 12 AM 8:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000001869

1. Corporation Name
578788 Ontario Limited

REINSTATEMENT 03-04

2. Principal Office Address
45 Prince Edward Blvd
Suite, Apt. #, etc.

3. Mailing Office Address
45 Prince Edward Blvd
Suite, Apt. #, etc.

02/11/03 01023 00E 150.00

City & State
Thornhill, Ontario

City & State
Thornhill, Ontario

4. Date Incorporated or Qualified To Do Business in Florida
4/15/96

5. FEI Number
Applied For
Not Applicable

Zip Country
L3T 7G1 CANADA

Zip Country
L3T 7G1 CANADA

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Arthur Silber

Street Address (P.O. Box Number is Not Acceptable)
1394 N. State Rd 7

300032773048
04/15/04--01014--010 **150 00

Suite, Apt. #, Etc.

City
Margate

State Zip Code
FL 33063

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 4/7/04

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
PO	Arthur Silber	45 Prince Edward Blvd	Thornhill, Ont L3T 7G1 CANADA
DST	Lilla Silber	45 Prince Edward Blvd	Thornhill, Ont L3T 7G1 CANADA

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:

AS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/04
Date

954-971-9699
Daytime Phone #

CR2E081 (07/04)

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JORDI INTERNATIONAL FABRICS U.S.A.

March 24, 2004

Florida Department of State
P.O. Box 6327
Tallahassee, Florida
32314

Re: 578788 Ontario Limited
Ref. No. F96000001869
Reinstatement

Dear Sir/Madam,

The Annual Report for 2003 for the above corporation was returned to us because there was no registered agent designated on the form. This information was completed and returned to you on March 31st along with a copy of the 2002 Annual Report which showed the registered agent. The check for \$150 for the annual fee for the corporation was cashed on February 11th, 2003.

I am enclosing copies of the Annual report and your letter dated March 18th, noting the date of March 31st as the date this information was returned to you by mail from our office. I am also enclosing a copy of the cancelled check for \$150 and the 2002 Annual Report.

Please re-instate this company and reverse any re-instatement fees as our records indicate that the information was returned to you in a timely manner well before the May 1st deadline.

Should you require any additional information or copies of documents, please do not hesitate to contact me.

Sincerely,


Shavie Fagan
Comptroller