FORM 9 CERTIFICATE OF SUBSTANTIAL PERFORMANCE OF THE CONTRACT UNDER SECTION 32 OF THE ACT

Construction Act

| PEGE REGION / CITY OF MISSISSAUCA |
|---|
| (County/District/Regional Municipality/Town/City in which premises are situated) |
| (street address and city, town, etc., or, if there is no street address, the location of the premises) 1583C3 |
| (street address and city, town, etc., or, if there is no street address, the location of the premises) |
| This is to certify that the contract for the following improvement: |
| INTERIOR RENOVATION OF GYNKAKU RESTAURANT |
| (short description of the improvement) |
| to the above premises was substantially performed on OCTOBER 8, 2000. (date substantially performed) |
| Date certificate signed: OctoBZA 9 Doss |
| (payment certifier where there is one) (owner and contractor, where there is no payment certifier) |
| Name of owner: 2593704 ONTARIO PNC. |
| Address for service: 105-90 BURNHAMIHORPE ROAS WOST MESISSAUCH, EN LIB 3C3 |
| Name of contractor: CONT - TOP CONSTRUCTON INC. |
| Address for service: 4144 MIDLAM IN SCALBOROWGH, ON MIV457 |
| Name of payment certifier (where applicable): TRAN DIEU & ASSOCIATES INC. |
| Address: 6-3030 MIDLAND AVE., SCARBOROUGH, ON MISSC9 |
| (Use A or B, whichever is appropriate) |
| A. Identification of premises for preservation of liens: |
| (if a lien attaches to the premises, a legal description of the premises, including all property identifier numbers and addresses for the premises) |
| B. Office to which claim for lien must be given to preserve lien: |
| (If the lien does not attach to the premises, the name and address of the person or body to whom the claim for lien must be given) |