PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUL -7 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F01000005668

1. Corporation Name
VEHICLE INSPECTION SYSTEMS INC

5919 5th St. S.E.
5919 5th St. S.E.

2. Principal Office Address	**3.** Mailing Office Address
5919 5th St. S.E.	5919 5th St. S.E.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Calgary, AB	City & State: Calgary, AB
Zip: T2H 1L5 / Country: Canada	Zip: T2H 1L5 / Country: Canada

REINSTATEMENT 03-04

4. Date Incorporated or Qualified To Do Business in Florida 10/29/2001

5. FEI Number 43-1652552 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation | State: FL | Zip Code: 33324

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: Nancy Lydon, Asst Vice President MUST SIGN — Date: 07/02/04

CR2E081 (01/04)

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
Pres	Mlies Fuller	5919 5th St. S.E.	Calgary, AB T2H 1L5
Sec	Edmondson Campbell	44 Park Rd.	Bulli NSW Australia 2516
Dir	David Fuller	43 Menangle St.	Camden, NSW Australia 2570

600039203076
07/15/04--01066--004 **300.00

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: _____ 10th June 2004 403-3133622

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