

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2010 MAY 21 PM 1:47


SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500181199465
05/21/10--01030--010 **150.00

CR2E081 (11/09)

04-10

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F03000000205

1. Corporation Name
Advantage DataSystems Corporation

2. Principal Office Address - No P.O. Box # 8081 Lougheed Hwy		3. Mailing Office Address 8081 Lougheed Hwy	
Suite, Apt. #, etc. 200		Suite, Apt. #, etc. 200	
City & State Burnaby, BC		City & State Burnaby, BC	
Zip V5A1W9	Country Canada	Zip V5A1W9	Country Canada

4. Date Incorporated or Qualified To Do Business in Florida **January 15th 2003**

5. FEI Number **912107511**

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

7. Name and Address of Current Registered Agent

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
32301-2525

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

REINSTATEMENT

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: *Heather Chapman* **Heather Chapman**
REGISTERED AGENT MUST SIGN **as its agent**

Date **May 19th 2010**

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
DP	Bob Kirstiuk	#200 8081 Lougheed Hwy	Burnaby, BC V5A1W9
DVS	Tim Scharnberg	#200 8081 Lougheed Hwy	Burnaby, BC V5A1W9
DVT	Steve Kirstiuk	#200 8081 Lougheed Hwy	Burnaby, BC V5A1W9

10. E-mail Address: steve@advantagedgs.com

(To be used for future annual report notification)

11. 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. I further certify, 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: *Steve Kirstiuk* **Steve Kirstiuk**

Date **01/19/2010**

Daytime Phone # **Ext. 102 604 415 3956**