

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

15 JAN -8 PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]

CR2E081 (11/10)

CORPORATION REINSTATEMENT
2012-2015



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F10000004889
 1. Corporation Name
 6072594 DELAWARE INC.

2. Principal Office Address - No P.O. Box # 940 QUEENSTON BAY Suite, Apt. #, etc.		3. Mailing Office Address 940 QUEENSTON BAY Suite, Apt. #, etc.	
City & State WINNIPEG, MB		City & State WINNIPEG, MB	
Zip R3N0Y-2	Country CA	Zip R3N0Y-2	Country CA

4. Date incorporated or Qualified To Do Business in Florida
11/08/2010

5. FEI Number 900626934	Applied For Not Applicable
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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

300268144313

8. If, 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 *[Signature]* **Courtney Williams**
Asst. Vice President Date 01.08.15

REGISTERED AGENT MUST SIGN

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
PSD	ELLERY BRODER	940 QUEENSTON BAY	WINNIPEG, MB R3N0Y-2 CA

10. E-mail Address: sklassen@aikins.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: *[Signature]* PRES. 6072594 Delaware Inc. Date Jan 7/2015 Daytime Phone 204 999 4600

[Signature] E BRODER

ACCOUNT NO. : I20000000195
REFERENCE : 452209 7178733
AUTHORIZATION : *Lynell Coleman*
COST LIMIT : \$ 1,200.00

ORDER DATE : January 7, 2015
ORDER TIME : 9:23 AM
ORDER NO. : 452209-005
CUSTOMER NO: 7178733

REINSTATEMENT

NAME: 6072594 DELAWARE INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams

EXAMINER'S INITIALS _____

RECEIVED
DEPARTMENT OF STATE
15 JAN - 8 24 19: 58