FILED
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05 MAY 11 PM 4:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name
K63718
BSD SOFTWARE, INC.

2. Principal Office Address	3. Mailing Office Address
5824 2nd Street S.W.	5824 2nd Street S.W.
Suite, Apt. #, etc. Suite 300	Suite, Apt. #, etc. Suite 300
City & State Calgary, Alberta	City & State Calgary, Alberta
Zip T2H 0H2 / Country Canada	Zip T2H 0H2 / Country Canada

4. Date Incorporated or Qualified To Do Business in Florida 02/07/1989

5. FEI Number 311586472 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $37.5 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Clayton E. Parker, Esq.
Street Address (P.O. Box Number is Not Acceptable): 201 South Biscayne Boulevard
Suite, Apt. #, Etc.: Suite 2000
City: Miami / State: FL / Zip Code: 33131

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: Clayton E. Parker Date: 5-6-5
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D/P	Guy Fietz	5824 2nd Street S.W., Suite 300	Calgary, Alberta, Canada T2H 0H2
CFO	Gordon Ellison	5824 2nd Street S.W., Suite 300	Calgary, Alberta, Canada T2H 0H2

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: Guy Fietz 05/10/2005 403-252-7005
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State

Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850)222-1173
Fax Number : (850)224-1640

0380.37938

CORPORATION REINSTATEMENT

BSD SOFTWARE, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$900.00