

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F01000000626

1. Corporation Name

Active Intelligence Corp.

2. Principal Office Address - No P.O. Box #

1051 Clinton Street

Suite, Apt. #, etc.

Suite 212

City & State

Buffalo, NY

Zip

14206-2823

Country

U.S.A

3. Mailing Office Address

1337 Birchview Dr.

Suite, Apt. #, etc.

City & State

Mississauga, Ont

Zip

L5H 3E3

Country

Canada

REINSTATEMENT 04-07
CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

2/1/2001

5. FEI Number

41-1934285

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
NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)
2731 Executive Park Drive

Suite, Apt. #, Etc.

Suite 4

City
Weston

State
FL

Zip Code
33331

☒ 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.

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

Date

5/9/2007

REGISTERED AGENT MUST SIGN

John Semanick Secretary

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
CEO	SUSAN WILLIAMS	1337 BIRCHVIEW DR	MISSISSAUGA / ON / CANADA L5H3E3
V. President	POMPI MALIK	1337 BIRCHVIEW DR	MISSISSAUGA / ON / CANADA L5H3E3

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 contained in Chapter 119, 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:

SUSAN WILLIAMS

May 14/07 905-274-5884

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #