

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 MAY 28 AM 9:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F01000001360

1. Corporation Name  
*Thinkpath Technical Services, Inc.*

2. Principal Office Address  
*201 Westcreek Blvd*

3. Mailing Office Address  
*201 Westcreek Blvd*

REINSTATEMENT 03-09

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
*Brampton, Ontario*

City & State  
*Brampton, Ontario*

4. Date Incorporated or Qualified To Do Business in Florida  
*3-13-01*

Zip  
*L6T 5S6*

Country  
*Canada*

Zip  
*L6T 5S6*

Country  
*Canada*

5. FEI Number  
*31-1600045*

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  
*Ed Godwin*

Street Address (P.O. Box Number is Not Acceptable)  
*9887 Fourth Street N*

500037389409  
05/28/04--01003--014 \*\*9.00

Suite, Apt. #, Etc.  
*235*

City  
*St. Petersburg*

State  
**FL**

Zip Code  
*33702*

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  
*Ed Godwin*

REGISTERED AGENT MUST SIGN

Date  
*5/24/04*

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	Declan A. French	201 Westcreek Blvd	Brampton, Ontario <i>L6T 5S6</i>
SIT CFO	- Kelly L. Hankinson	201 Westcreek Blvd	Brampton, Ontario <i>L6T 5S6</i>
Dir	Arthur Marcus	201 Westcreek Blvd	Brampton, Ontario
Dir	Lloyd MacLean	201 Westcreek Blvd	Brampton, Ontario
Dir	Patrick Power	201 Westcreek Blvd	Brampton, Ontario

*2/6/3*

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Declan French* 5/18/04 905-460-3040

Date

Daytime Phone #

CR2E081 (07/04)