

APPROVED  
AND  
FILED

06 JUN 30 PM 3:57

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 # F01000001360**

1. Corporation Name  
**THINKPATH TECHNICAL SERVICES INC.**

2. Principal Office Address <b>2800 East River Road</b>		3. Mailing Office Address <b>2800 East River Road</b>	
Suits, Apt. #, etc. <b>3rd Floor</b>		Suits, Apt. #, etc. <b>3rd Floor</b>	
City & State <b>Dayton, Ohio</b>		City & State <b>Dayton, Ohio</b>	
Zip <b>45439</b>	Country <b>USA</b>	Zip <b>45439</b>	Country <b>USA</b>

**REINSTATEMENT** 05-06

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida: **03/13/2001**

5. FEI Number: **311600045**

6. CERTIFICATE OF STATUS DESIRED

Applied For  
Not Applicable

7. Name and Address of Current Registered Agent

Name  
**Ed Godwin**

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

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* Date: **June 29, 2006**

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
CEO	Declan French	201 Westcreek Blvd.,	Brampton, Ontario L6T 5S6
SEC	Kelly Hankinson	201 Westcreek Blvd.,	Brampton, Ontario L6T 5S6

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: *[Signature]* Date: **June 29, 2006** Daytime Phone #: **905-460-3041**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000170701 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:  
Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5926

**CORPORATION REINSTATEMENT**

**THINKPATH TECHNICAL SERVICES INC.**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$908.75

Electronic Filing Menu

Corporate Filing Menu

Help