

1082


FILED

08 APR -3 AM 11:08

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 # **FD1000006159**

1. Corporation Name
Ipsos-Reid Corporation

2. Principal Office Address 1285 West Pender Street		3. Mailing Office Address 1700 Broadway	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 15th Fl.	
City & State Vancouver, British Columbia		City & State New York, New York	
Zip V6E 4B1	Country Canada	Zip 10019	Country USA

REINSTATEMENT 06-08

4. Date Incorporated or Qualified To Do Business in Florida **11/30/2001**

5. FEI Number **411716256**

6. CERTIFICATE OF STATUS DESIRED \$6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name **CT Corporation**

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City **Plantation** State **FL** Zip Code **33324**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0025 or 617.0503, F.S.

Signature of Registered Agent **[Signature]** **Ariene Bernal** Date **03/07/08**
Vice President
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 Office and/or Director	City / State / Zip
C/D	Didier Truchot	35 rue du Val de Marne	Paris, France 75013
P/D	Gary Bennewies	160 Bloor Street East Suite 300	Toronto, Ontario M4W 1B9
S/V/D	Andrew Cochran	160 Bloor Street East Suite 300	Toronto, Ontario M4W 1B9
V	Darrell Bricker	160 Bloor Street East Suite 300	Toronto, Ontario M4W 1B9

10. I certify that I am an officer or director of 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)(b), 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]** **Andrew Cochran** Date **Mar 20/08** Daytime Phone # **416 572 4400**
SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2052

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.

((H08000085163 3)))



H080000851633ABC+

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) 617-6384

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

CORPORATION REINSTATEMENT

IPSOS-REID CORPORATION

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$1,050.00

Electronic Filing Menu

Corporate Filing Menu

Help