

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 APR -6 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F03000004352**

1. Corporation Name
VALCURA INTERNATIONAL ASSESSMENT SOLUTIONS LTD, CORPORATION

Handwritten initials

REINSTATEMENT 04-05

2. Principal Office Address
205 - 5th Avenue SW

3. Mailing Office Address
205 - 5th Avenue SW

Suite, Apt. #, etc.
2400

Suite, Apt. #, etc.
2400

City & State
Calgary, Alberta

City & State
Calgary, Alberta

4. Date Incorporated or Qualified To Do Business in Florida
August 29, 2003

5. FEI Number
98-0406302

Applied For
 Not Applicable

Zip
T2P 2V7

Country
Canada

Zip
T2P 2V7

Country
Canada

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
C T Corporation System

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 607.0505 or 617.0503, F.S.

Signature of Registered Agent *Kathleen C. Carley*
Kathleen C. Carley, REGISTERED AGENT MUST SIGN

Date **03-17-05**

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
Sec/Dir	Alykhan Mamdani	1338 Sierra Vista Bay SW	Calgary, Alberta T3H 3B7
Pres/Dir	George Watson	1209 Varsity Estates Bay NW	Calgary, Alberta T3B 2X5

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: *Alykhan Mamdani*
Alykhan Mamdani

Date **APRIL 4 2005**

Daytime Phone # **403-899-9614**

CR2001 (01/05)