FILED

2007 NOV 16 PM 4:00

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 # F06000003425

1. Corporation Name

Novadaq Corp

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
11091 Corsin Trail Way	2585 Skymark Ave
Suite, Apt. #, etc. Unit 201	Suite, Apt. #, etc. Unit 306
City & State Bonita Springs FL	City & State Mississauga Ontario
Zip 34135 Country USA	Zip L4W 4L5 Country Canada

CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida 5/2004

5. FEI Number ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name: CT Corporation

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

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

☐ 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 617.0505, F.S.

Signature of Registered Agent: Jennifer Quinn Assistant Secretary (REGISTERED AGENT MUST SIGN) Date: 11/16/07

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Names of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Rick Hangartner	2585 Skymark Ave	Mississauga L4W 4L5
Treasurer	Roger Dale	"	"
Dir	Arun Menawat	"	"
Dir	Henry Russell	90 Fairlie Street #702	Atlanta GA 30303
Dir	Mary Kay Baggs	102 Pinnacle Court	Fairhope AL 36532

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: Treasurer Nov 15 2007 905 212 6883
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FLR10 - 1/1/07 CT System Online

REINSTATEMENT 2007

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Florida Department of State

Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

NOVADAQ CORP.

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