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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6381

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1575

Header x2908

FOREIGN PROFIT/NONPROFIT CORPORATION

RIVA MODELING SYSTEMS INC.

Certificate of Status	0
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2008 JUL 16 A 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DIVISION OF CORPORATIONS

08 JUL 16 PM 2:59

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2008 JUL

JUL 16 A 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDAAPPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDAIN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.1. Riva Modeling Systems Inc.(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Canada

(State or country under the law of which it is incorporated)

3. _____

(FEI number, if applicable)

4. January 24, 2002

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon filing(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)7. RB-2, 530 Richmond Street West, Toronto, Ontario M5V 1Y4

(Principal office address)

RB-2, 530 Richmond Street West, Toronto, Ontario M5V 1Y4

(Current mailing address)

8. software development and sales

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)Name: Corporation Service CompanyOffice Address: 1201 Hays StreetTallahassee

(City)

, Florida 32301

(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Corporation Service Company

Heather Chapman

By: Heather Chapman
(Registered agent's signature)

as its agent

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

FILED**12. Names and business addresses of officers and/or directors:****A. DIRECTORS**Chairman: See attachment

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERSPresident: See attachment

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

(Signature of Director or Officer listed in number 12 of the application)

14. David Witt, Chief Financial Officer

(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Attachment

Riva Modeling Systems Inc.

List of Directors and Officers

As of July 2, 2008

Ian Woodbury, President & Director
164 Crawford Street
Toronto, Ontario
M6J 2L4

David Woodbury, VP & Director
240 Oakmere Place
Calgary, Alberta
T1X 1L2

David Witt, CFO
2183 Towne Blvd.
Oakville, Ontario
L5H 5H4

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Industry Canada

Industrie Canada

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF COMPLIANCE
s. 263.1 (1)(a)(b)

CERTIFICAT DE CONFORMITÉ
art. 263.1 (1)(a)(b)

RIVA Modeling Systems Inc.

400353-5

Name of corporation-Dénomination sociale

Corporation number-Numéro de la société

I HEREBY CERTIFY that the corporation named above is incorporated or continued under the Canada Business Corporations Act, is not discontinued and has not been dissolved under that Act.

JE CERTIFIE, par les présentes, que la société ci-dessus mentionnée est constituée ou prorogée en vertu de la Loi canadienne sur les sociétés par actions, qu'elle n'a pas changé de régime et qu'elle n'a pas été dissoute en vertu de cette Loi.

This corporation has sent to the Director the required Annual Returns and has paid all fees required under the Act.

Cette société a remis au directeur les rapports annuels prescrits et acquitté les droits requis par la Loi.

Atsna Aomari
Deputy Director - Directeur adjoint

July 10, 2008 / le 10 juillet 2008

Issuance date - Date d'émission

Canada