

# 2012 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F10000002504

**FILED**  
**Mar 08, 2012**  
**Secretary of State**

**Entity Name:** TIO NETWORKS USA INC.

**Current Principal Place of Business:**

250 HOWE STREET SUITE 1550  
VANCOUVER BC V6C 3R8 CANADA, XX

**New Principal Place of Business:**

250 HOWE STREET SUITE 1550  
VANCOUVER BC V6C 3R8 CANADA, BC XX

**Current Mailing Address:**

250 HOWE STREET SUITE 1550  
VANCOUVER BC V6C 3R8 CANADA, XX

**New Mailing Address:**

250 HOWE STREET SUITE 1550  
VANCOUVER BC V6C 3R8 CANADA, BC XX

**FEI Number:** 98-0372054

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** MICHELE HOLDEN, ASSISTANT SECRETARY

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PCEO  
**Name:** SHAHBAZI, HAMED  
**Address:** 250 HOWE STREET SUITE 1550  
**City-St-Zip:** VANCOUVER BC V6C 3R8 CANADA, BC XX

**Title:** D  
**Name:** SHAHBAZI, HAMED  
**Address:** 250 HOWE STREET SUITE 1550  
**City-St-Zip:** VANCOUVER BC V6C 3R8 CANADA, BC XX

**Title:** CFO  
**Name:** LAI, DEREK  
**Address:** 250 HOWE STREET SUITE 1550  
**City-St-Zip:** VANCOUVER BC V6C 3R8 CANADA, BC XX

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** DEREK LAI

CFO

03/08/2012

Electronic Signature of Signing Officer or Director

Date