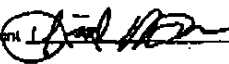


FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY 13 AM 10:40

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F15040			
1. Corporation Name CityXpress Corp.			
2. Principal Office Address - No P.O. Box # 1727 West Broadway		3. Mailing Office Address 1727 West Broadway	
Suite, Apt. #, etc. Suite 200		Suite, Apt. #, etc. Suite 200	
City & State Vancouver, B.C.		City & State Vancouver, B.C.	
Zip V6J 4W6	Country Canada	Zip V6J 4W6	Country Canada
4. Date Incorporated or Qualified To Do Business in Florida January 15, 1981			
5. FEI Number 98-0232838		Applied For ☐ Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☐ SEE INSTRUCTIONS FOR REQUIRED FILING			
7. Name and Address of Current Registered Agent Name CT 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  Date 5-5-2008 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 Officer and/or Director	City / State / Zip
CEO	Phil Dubois	4140 McGill Street	Burnaby, BC V5C 1M8
CFO	Ken Bradley	2 - 1176 West 15th Avenue	Vancouver, BC V6H 1R8
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, P.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:  Ken Bradley		Date May 2, 2008	Daytime Phone # 604.638.3811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

Florida Department of State
Division of Corporations
Public Access System

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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

CITYXPRESS CORP.

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