

1092

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000002663

6. Corporation Name
On-Line Data Products, Inc.

8. Principal Office Address
8360 E. Via de Ventura,

9. Mailing Office Address
Same as principal office address

10. Suite, Apt. #, etc.
Suite L-200

11. Suite, Apt. #, etc.
Same as principal office address

12. City & State
Scottsdale, AZ

13. City & State
Same as principal office address

14. Zip
85258

15. Country
U.S.A.

16. Zip
Same as principal office address

17. Country
Same as principal office address

FILED

06 MAR -9 PM 5:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

97-06

CR2E01 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida
1991

5. FEI Number
88-0688993

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

8. Name
CT Corporation

9. Street Address
1200 South Pine Island Road

10. City
Plantation

11. State
FL

12. Zip Code
33324

13. I, the undersigned, am registered as a registered agent of the above named corporation, and further with and accept the obligations of sections 807.006 or 817.003, F.S.

Signature of Registered Agent
LONNIE BRYAN

LONNIE BRYAN
SPECIAL ASSISTANT SECRETARY

Date
3-9-06

REGISTERED AGENT MUST SIGN

14. Name and Street Address 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
D,VP	Robert Dukes	8360 E. Via de Ventura,	Scottsdale, AZ, 85258
D,P	Rick Bacchus	5800 Explorer Drive, 5th Floor,	Mississauga, ON, L4W 5L4
CFO	Colin McKenzie	5800 Explorer Drive, 5th Floor,	Mississauga, ON, L4W 5L4

15. I certify that I am an officer or director or the member or trustee designated to execute this application as provided for in chapter 807 or 817, 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 807.0401 or 817.0401, 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 correct, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: **Rick Bacchus**

RICK BACCHUS

DATE: **03/17/2006**

PHONE: **905-629-8727**

Signature and typed or printed name of signing officer or director

Division of Corporations

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Florida Department of State
Division of Corporations
Public Access System

2002

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Fax Number : (850)205-0384

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
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*Please file 1st
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H06-64142.
Thank you!*

CORPORATION REINSTATEMENT

ON-LINE DATA PRODUCTS, INC.

Certificate of Status	1
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Estimated Charge	\$2,108.75

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