PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 MAR 14 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K76261

1. Corporation Name

ASP VENTURES CORP.

REINSTATEMENT 01-02

2. Principal Office Address	**3.** Mailing Office Address
1075 W. GEORGIA ST.	1075 W. GEORGIA ST.
Suite, Apt. #, etc.: 1300	Suite, Apt. #, etc.: 1300
City & State: VANCOUVER, BC	City & State: VANCOUVER, BC
Zip: V6E 3C9 Country: CANADA	Zip: V6E 3C9 Country: CANADA

4. Date Incorporated or Qualified To Do Business in Florida: 03/23/1989

5. FEI Number: 980203918 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS ST.

Suite, Apt. #, Etc.:

200005194212--4
-04/05/02--01015--007
****900.00 ****900.00

City: TALLAHASSEE State: FL Zip Code: 32301

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: Grant D. Barber — REGISTERED AGENT MUST SIGN

Grant D. Barber as its agent

Date: 3/14/02

CR2E081 (9/01)

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	WILMOT, ROSS	1300-1075 W. GEORGIA ST.	VANCOUVER, BC V6E 3C9

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 under section 119.07(3)(i), 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: Ross Wilmot 03/03/02 604-684-4691

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #