PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 MAY 18 PM 2:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K76261

1. Corporation Name

ASP VENTURES CORP.

100102844521

REINSTATEMENT 04-07

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1066 West Hastings Street	1066 West Hastings Street
Suite, Apt. #, etc.: 2610	Suite, Apt. #, etc.: 2610
City & State: Vancouver, BC	City & State: Vancouver, BC
Zip: V6E 3X2 Country: Canada	Zip: V6E 3X2 Country: Canada

4. Date Incorporated or Qualified To Do Business in Florida: March 23, 1989

5. FEI Number: 98-0203918 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Corporation Service Company

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

Suite, Apt. #, Etc.:

City: Tallahassee State: FL Zip Code: 32301

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 _____ REGISTERED AGENT MUST SIGN **Jeanine Reynolds as its agent** Date 5-18-07

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	Nora Coccaro	2610-1066 West Hastings Street	Vancouver, BC V6E 3X2
S	Nora Coccaro	2610-1066 West Hastings Street	Vancouver, BC V6E 3X2
T	Nora Coccaro	2610-1066 West Hastings Street	Vancouver, BC V6E 3X2
D	Nora Coccaro	2610-1066 West Hastings Street	Vancouver, BC V6E 3X2
			K. Eckel MAY 16 2007

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, 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: _____ Nora Coccaro — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | May 17, 2007 — Date | 604-684-4691 — Daytime Phone #

CORPORATION SERVICE COMPANY

2/2

ACCOUNT NO. : 072100000032

REFERENCE : 906487 7589324

AUTHORIZATION :

COST LIMIT : $608.75

ORDER DATE : May 18, 2007

ORDER TIME : 10:33 AM

ORDER NO. : 906487-005

CUSTOMER NO: 7589324

DOMESTIC FILINGS

RECEIVED
07 MAY 18 PM 12:49
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

NAME: ASP VENTURES CORP.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds - Ext# 2933

EXAMINER'S INITIALS _____