FILED

2012 JUL 19 PM 12: 49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000051394

1. Corporation Name
Capital Markets Technologies, Inc.

REINSTATEMENT

9-12

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
c/o Blake, Cassels & Graydon LLP		c/o Blake, Cassels & Graydon LLP	
Suite, Apt. #, etc. 45 O'Connor Street, 20th Floor		Suite, Apt. #, etc. 45 O'Connor Street, 20th Floor	
City & State Ottawa, Ontario		City & State Ottawa, Ontario	
Zip K1P 1A4	Country Canada	Zip K1P 1A4	Country Canada

4. Date Incorporated or Qualified To Do Business in Florida 06/25/2009

5. FEI Number 650907899 ☐ 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: CT Corporation Systems

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: Debbie Diaz Assistant Secretary Date 7/18/2012

REGISTERED AGENT MUST SIGN

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
Director	Pasquale Ceci	200 South Michigan Avenue, 21st Floor	Chicago, IL 60604
D&O	Edward Arana	200 South Michigan Avenue, 21st Floor	Chicago, IL 60604
D&O	Gary Jessop	45 O'Connor Street, 20th Floor	Ottawa, Ontario K1P 1A4

10. E-mail Address: emily.howe@blakes.com
(To be used for future annual report notification)

11. I certify that I am an officer or director of 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Gary Jessop July 18, 2012 613-788-2200

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

FL010 - 01/19/2011 CT System Online

BB Williams JUL 19 2012

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000185902 3)))

H12000185902ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
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)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

CORPORATION REINSTATEMENT
CAPITAL MARKETS TECHNOLOGIES, INC.

~~Certificate of Status~~	
Certified Copy	01
Page Count	02
Estimated Charge	$1,208.75

Electronic Filing Menu Corporate Filing Menu Help