PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

04 NOV -8 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000096019

1. Corporation Name
DIALEX MINERALS INC.

2. Principal Office Address		**3.** Mailing Office Address	
50 Richmond Street East		50 Richmond Street East	
Suite, Apt. #, etc. Suite 300		Suite, Apt. #, etc. Suite 300	
City & State Toronto, Ontario		City & State Toronto, Ontario	
Zip M5C 1N7	Country CANADA	Zip M5C 1N7	Country CANADA

REINSTATEMENT 04 TR

4. Date Incorporated or Qualified To Do Business in Florida December 18, 1995

5. FEI Number 65-065668 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] — $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: LexisNexis Document Solutions Inc.

900042755679
11/15/04--01074--020 **750.00

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

Suite, Apt. #, Etc.

900042755679
11/15/04--01074--021 **8.75

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: Deborah D. Skippe — Deborah D. Skippe — Date 11/8/2004

REGISTERED AGENT MUST SIGN Asst. V. Pres.

CR2E081 (01/04)

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	ALEXANDER G. STEWART	3315 Crompton Crescent	Mississauga/ON/L5B 4C8
D	WALLACE STONEHOUSE	619 Avenue Road, Suite 202	Toronto/ON/M4V 2K6
D	NEIL NOVAK	347 Bay Street, Suite 700	Toronto/ON/M5H 2R7
V/D	STEPHEN STEWART	18 Beverley Street, Unit 706	Toronto/ON/M5T 3L2
S/D	L. KIRK BOYD	188 Romain Crescent	Oakville/ON/L6H 5A4

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: L. KIRK BOYD — DIRECTOR — Nov 4/04 — 416-368-7881

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

SIGNING OFFICER