PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 JUL 19 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900004536769--6
-08/15/01--01077--007
****900.00 ****900.00

DOCUMENT # P97000056759

1. Corporation Name

PRO ROADS SYSTEMS, INC.

2. Principal Office Address	**3.** Mailing Office Address
2955 GLADWIN Rd	2955 GLADWIN Rd
Suite, Apt. #, etc. #203	Suite, Apt. #, etc. #203
City & State ABBOTSFORD B.C.	City & State ABBOTSFORD B.C.
Zip V2T5T4 Country CANADA	Zip V2T5T4 Country CANADA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number — ☑ 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: ERIC P LITTMAN

REINSTATEMENT 2000-01

Street Address (P.O. Box Number is Not Acceptable): 7695 SW 104 STREET

Suite, Apt. #, Etc.: #210

City: MIAMI | State: FL | Zip Code: 33156

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 Date 7/17/01

CR2E061 (9/00)

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
PSD	DARYL DESJARDINS	28725 0 AVE	ABBOTSFORD BC V4X2T2

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: _____ 7-17-2001 6043896644

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