PLEASE READ ALL INSTRUCTIONS BEFORE COMP

APPROVED AND FILED

05 APR -8 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

DOCUMENT # P97000072221

REINSTATEMENT 00-05 MRD

1. Corporation Name

MADISON SYSTEMS INC

2. Principal Office Address	3. Mailing Office Address
750 OAKDALE DR	P.O. BOX 70
Suite, Apt. #, etc. SUITE 60	Suite, Apt. #, etc.
City & State NORTH YORK ONT	City & State GORMLEY ONT.
Zip M3N3Z4 Country CANADA	Zip L0H1G0 Country CANADA

4. Date Incorporated or Qualified To Do Business in Florida 08/19/1997

5. FEI Number 65-0788338 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Name and Address of Current Registered Agent

Name: LAURA ANTHONY, ESQ

400051350474
04/20/05 01011 012 **158.00

Street Address (P.O. Box Number is Not Acceptable): 330 CLEMATIS ST. #217

Suite, Apt. #, Etc.

City: WEST PALM BEACH, State: FL Zip Code: 33401

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: LAURA ANTHONY Date: 4-7-05
REGISTERED AGENT MUST SIGN

CR2E031 (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
C/D	DON. MCNALLY	P.O. BOX 70	GORMLEY ONT COA L0H-1G0
P/D	VICTOR M. MARCHIKOOM	750 OAKDALE DR SUITE 60	NORTH YORK ON COA M3N-2Z4
V/D	JAY. B. IVES	49 HIRAM RD	RICHMOND HILL ON COA L4C-9J4
D	GRAHAM DINWOODIE	75 HAMILTON DR	NEWMARKET ON COA L3Y-5V1

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: Don McNally DON MCNALLY Date: MAR 31 05 Daytime Phone #: 905-927-9113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR