

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000014681

1. Corporation Name

TECHNOLOGY SOURCE, INC.

2. Principal Office Address

501 Fairview Avenue

Suite, Apt. #, etc.

City & State

Ottawa, Ontario

Zip

K1M0X4

Country

Canada

3. Mailing Office Address

1253 Park Street

Suite, Apt. #, etc.

City & State

Clearwater, Florida

Zip

33756

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/15/1999

5. FEI Number

593492163

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

R. Carlton Ward

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

1253 Park Street

Suite, Apt. #, Etc.

City

Clearwater

State

FL

Zip Code

33756

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

1/22/07

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
D	David Pigott	501 Fairview Avenue	Ottawa, Ontario K1M0X4 Canada

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID PIGOTT

Date

JAN 12 2007

Daytime Phone #

(613) 797-5499

FILED
07 JAN 24 PM 3:00

DEPT. OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 00-07

CR2E081 (12/05)

800086686368
01/30/07--01023--007 **350.00

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01/30/07--01023--008 **1608.75

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