<u> </u>	<i>~</i> :	PLEASE READ	ALL INO	RUCT	ION	3 BEFURI		OWIPLET	ING THIS FURIM.		
REIN	Gold MY India	DEPARTMENT OF STATE Secretary of State ISION OF CORPORATIONS			E	FILED 10 JAN 21 AM 10: 27					
DOCUMENT # F0500006339 1. Corporation Name								SECRETARY OF STATE TALLAHASSEE, FLORING			
Кур-(Go, Inc).	R			R	EINS	STATEME	NT 08-		
1564 Old Daytona Court 156				Mailing Office Address 664 Old Daytona Court ite, Apt. #, etc.				400166854104 01/21/1001043003 **450.00 CR2E081 (11/09)			
City & State			City & State	<u> </u>			_	To Do Busi	iness in Florida 10/31/200	5	
`				Land, Florida				5. FEI Number Applied For			
Zip				l, 1 101 ii	,	Country		36-25348		Not Applicable	
32724		U.S.A.	^{Zip} 32724		U.S	•		6. CERTIFICATE		dditional Fee required Certificate of Status	
	7. Name and Address o	stered Agent				RSK.					
Name Robert Street Add 1551 La Suite, Apt.	ox Number is Not Acceptable Orive	State Zip Code				The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.					
DeLand				32720							
8. I, being Signature o Registered	of	Wer !		ation, am familiar with and accept the obligations of				Date January 18, 2010			
9. Names	and Street A	Addresses of Each Officer an	d/or Director (Flo	orida nonpro	ofit corpo	orations must list	at leas	st 3 directors)			
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director					City / State / Zip		
PC	Robert Kyp			1551 Lakeside Drive			∕e	DeLand, FL 32720			
S	Elisab	1551 Lakeside Drive			ive	DeLand, FL 32720					
							•				
									∞	1/25	

11. 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 filling 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. 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.

(To be used for future annual report notification)

SIGNATURE:

10. E-mail Address: rkyp@aol.com

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #