

2009 FOR PROFIT CORPORATION REINSTATEMENT



DOCUMENT # H32242

1. Entity Name
SIMCOE MINING RESOURCES CORP.

FILED

09 MAR -4 PM 12: 02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 103 N. MERIDIAN ST. TALLAHASSEE, FL 32301 US	Mailing Address 551 5TH AVE 1625 NEW YORK, NY 10176 XX
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REINSTATEMENT 08-09

2. Principal Place of Business - No P.O. Box #	3. Mailing Address 3266 YONGE ST
Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE 1208

City & State TORONTO, ONTARIO	4. FEI Number 59-2682574
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Zip M4N 3P6	Country CANADA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

NATIONAL CORPORATE RESEARCH LTD., INC.
515 E. PARK AVE.
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AP SKOLNIK, L 2500 BATHURST ST #1006 TORONTO, ONTARIO, <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR NIMIT KHONGSOM BORN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SUITE 119/133 BANN SUKHUMVIT SUKHUMVIT RD, BANGKOK, THAILAND 10110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT NIMIT KHONGSOM BORN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SUITE 119/133 NAAPANASAP 5015 SUKHUMVIT RD, BANGKOK, THAILAND 10110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR PORANEE TAMOLEK <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SUITE 119/133 NAAPANASAP 5015 SUKHUMVIT 36 RD, BANGKOK, THAILAND, 10110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY PORANEE TAMOLEK <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SUITE 119/133 NAAPANASAP 5015 SUKHUMVIT 36 RD, BANGKOK, THAILAND 10110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800144979548 03/04/09--01038--004 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Nimit Khongsom Born NIMIT KHONGSOM BORN March 2/09 647-429-1511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #