

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 NOV -5 PM 5:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02 0000 82611

1. Corporation Name

J Anter Gold, Inc

REINSTATEMENT 03-04

2. Principal Office Address

4913 Edgewater Ln

Suite, Apt. #, etc.

City & State

Oldsmar FL

Zip

34677

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

7-2-02

5. FEI Number

37-1438282

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

09/08/03 90321 042 55825

7. Name and Address of Current Registered Agent

Name

FADI WALKI

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

35184 US 19 N

Suite, Apt. #, Etc.

City

Palm Harbor

State

FL

Zip Code

34684

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

Fadi Walki

Date

11-2-04

REGISTERED AGENT MUST SIGN

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 |
|----------|-----------------------------------|--|-------------------------|
| <u>P</u> | <u>Yakoub Anter</u> | <u>4913 Edgewater Ln Oldsmar FL 34677</u> | <u>Oldsmar FL 34677</u> |
| | | | |
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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:

Yakoub Anter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11.2.04

Daytime Phone #

727-771-1155

CR2E081 (01/04)