

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED


09 DEC 28 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100163976881
12/28/09--01034--008 **300.00

CR2E081 (11/09)

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P07 0000 64464**

1. Corporation Name

GOLD FIELD RM CORPORATION

2. Principal Office Address - No P.O. Box #

1629 NW 14 ST

Suite, Apt. #, etc.

APT 811

City & State

MIAMI, FL

Zip

33125

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

5/21/2007

5. FEI Number

01-0899464

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

MARIA E. SUAREZ

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

1629 NW 14 ST

Suite, Apt. #, Etc.

APT 811

City

MIAMI

State

FL

Zip Code

33125

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.

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date **12/22/09**

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
P	MARIA E SUAREZ	1629 NW 14 ST	MIAMI, FL 33125

REINSTATEMENT RH

10. E-mail Address:

(To be used for future annual report notification)

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 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. 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.

SIGNATURE:

[Handwritten Signature]

MARIA E SUAREZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/22/2009

Date

786-970-6158

Daytime Phone #