


2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 JAN 26 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | |
|---|---|
| DOCUMENT # P99000018432 1. Entity Name LINCOLN METALS INC. |  |
|---|---|

| | |
|--|--|
| Principal Place of Business 320 W 22ND COURT WEST PALM BEACH, FL 33404 | Mailing Address 320 W 22ND COURT WEST PALM BEACH, FL 33404 |
|--|--|

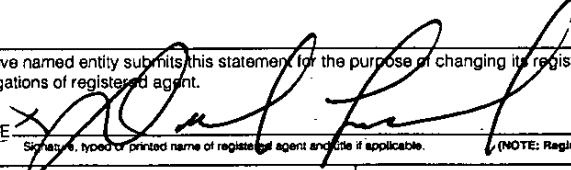
REINSTATEMENT 04-05



| | | |
|--------------------------------|---------------------|---|
| 2. Principal Place of Business | 3. Mailing Address | 12152004 REIN-P CR2E098 (6/04) |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | MRD |
| City & State | City & State | 4. FEI Number 65-0904902 |
| Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> - \$8.75 Additional Fee Required |

| | |
|---|--|
| 6. Name and Address of Current Registered Agent LINCOLN, DAVID 320 W 22ND COURT WEST PALM BEACH, FL 33404 | 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.

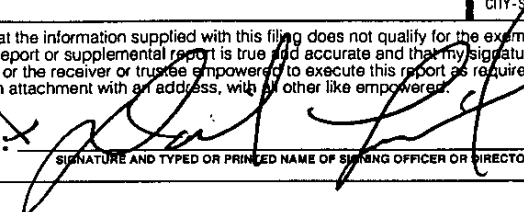
SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P LINCOLN, DAVID 320 W 22ND COURT WEST PALM BEACH, FL 33404 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

500045894335
02/03/05--01007--012 **900.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #