

Pg 1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 FEB -2 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F03000004535

1. Corporation Name
NEW EXPLORATIONS, INC

WOP 707-3321

REINSTATEMENT 05-07

CR2E081 (12/05)

WOP

2. Principal Office Address 36181 ELAKE DR Suite, Apt. #, etc. 207 City & State PALM HARBOR Zip 34685		Country PINELLAS		3. Mailing Office Address 36181 ELAKE DR Suite, Apt. #, etc. 207 City & State PALM HARBOR Zip 34685		Country PINELLAS	
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4. Date Incorporated or Qualified To Do Business in Florida 1/2002	
5. FEI Number 8330342126 8330342126	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS ST. 700088710667
02/19/07--01020--011 **450.00

Suite, Apt. #, Etc.

City
TALLAHASSEE

State
FL

Zip Code
32301

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 *Brian Courtney* Asst. V. Pres. Date 2/1/07

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
P	MIANO, PETER	36181 ELAKE DR 207 PALM HARBOR 34685	PALM HARBOR, FL 34685
V	STELMACH, ALICE	36181 ELAKE DR 207	PALM HARBOR, FL 34685

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 contained in Chapter 119, 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: *P. Miano* P. MIANO Date 1/2/2007 727 366 0595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

PS 20F2

Re: New Explorations, Inc. Annual Report

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To whom it may concern:

Due to an address change we did not receive the card notification of annual report. We respectfully request a waiver of the penalties.

Attached the report and a check for the amounts due of \$450.00.

Sincerely,

A handwritten signature in black ink, appearing to be "J. M. M.", written in a cursive style.