

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
DEPT. OF STATE  
TALLAHASSEE, FLORIDA

12 JUL 11 AM 8:10

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **H32242**

1. Corporation Name

**Simcoe Mining Resources Corp.**

**REINSTATEMENT 10-12**

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

**1555 PALM BEACH LAKES BLVD**

3. Mailing Office Address

Suite, Apt. #, etc.

**SUITE 1555**

Suite, Apt. #, etc.

City & State

**West Palm Beach, FL**

City & State

Zip

**33401**

Country

**USA**

Zip

Country

CR28081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

**12/03/84**

5. FEI Number

☐ 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

**NORTHWEST REGISTERED AGENT, LLC.**

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

**3030 N. ROCKY POINT DRIVE,**

Suite, Apt. #, Etc.

**STE 150A**

City

**TAMPA**

State

**FL**

Zip Code

**33607**

800237344548  
07/11/12--01025--013 \*\*1050.00

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

REGISTERED AGENT MUST SIGN

Date **7/4/12**

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
PDS	Brian Scher	1555 Palm Beach Lakes Blvd., Ste. 1555	West Palm Beach, FL 33401

JUL 11 2012  
D. BUTLER

10. E-mail Address: **SimcoeMiningResources@gmail.com**

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided in 7.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JUL 4 2012  
D. BUTLER