

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 MAY 30 PH 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *191128*

1. Corporation Name

SOUTH AMERICAN GEMS, EXPLORATION INC.

2. Principal Office Address

2044 CONSTITUTION BLVD

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA, FLORIDA

City & State

SAME

Zip

34231

Country

USA

Zip

Country

REINSTATEMENT

9701

4. Date Incorporated or Qualified
To Do Business in Florida

1992

5. FEI Number

65-0148201

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

JOHN R. THEIS CPA

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

2651 MAPLEOFT LANE

Suite, Apt. #, Etc.

SARASOTA, FL 34232

City

SARASOTA,

State
FL

Zip
34232

800004439788-5
-06/25/01--01117-015
***1350.00 ***1350.00

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

John R. Theis

REGISTERED AGENT MUST SIGN

Date **MAY 25, 2001**

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/T/D	ROBERT R. TODD	2044 CONSTITUTION BLVD	SARASOTA, FL 34231
V/S/D	MIRANDA TODD	2044 CONSTITUTION BLVD	SARASOTA, FL 34231

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAY 25, 2001

Date

941/927-1776

Daytime Phone #

CR25001 (9/00)