

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 FEB 10 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *M88627*

1. Corporation Name

Capital Hill Gold, Inc.

2. Principal Office Address

5486 Tiger Bend Lane

Suite, Apt. #, etc.

City & State

Morrison, CO

Zip

80465

Country

USA

3. Mailing Office Address

P. O. Box 553

Suite, Apt. #, etc.

City & State

Morrison, CO

Zip

80465

Country

USA

REINSTATEMENT *04-05*

**4. Date Incorporated or Qualified
To Do Business in Florida**

06/30/1988

5. FEI Number

650067192

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

Corporate Access, Inc.

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

236 E. 6th Avenue

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32303

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

Danny Bennett, President
REGISTERED AGENT MUST SIGN

Date

02/08/05

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
PRES	Rudolf Vera	5486 Tiger Bend Lane	Morrison, CO 80465
CFO, S, D	Daniel Enright	5486 Tiger Bend Lane	Morrison, CO 80465
MD	Earl Detra	5486 Tiger Bend Lane	Morrison, CO 80465
D	Stephen Zahoney	5486 Tiger Bend Lane	Morrison, CO 80465

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:

Jehu Hand
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(949) 489 2400

02/08/05

CR2E081 (01/04)