

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

03 OCT 21 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000053962

1. Corporation Name

Platinum Works, Inc.

2. Principal Office Address

6600 Ambrosia Ln

Suite, Apt. #, etc.

Suite 229

City & State

Carlsbad, CA

Zip

92009

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 61-03

10/09/03 01067 021 \$1050.00

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

522250953

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

Jeffrey G Klein

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

2101 New Corporate Blvd.

Suite, Apt. #, Etc.

Suite 414

City

Boca Raton

State

FL

Zip Code

33431

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

Jeffrey G Klein
REGISTERED AGENT MUST SIGN

Date 10/20/03

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/ Dir.	Jerry G. Mikolajczyk	6600 Ambrosia Lane Suite 229	Carlsbad, CA 92009

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct 20, 2003 7608453793
Date Daytime Phone #

CR2E081 (10/02)