


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1062

CORPORATION REINSTATEMENT 2005 A/R		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P01000051888			
1. Corporation Name WINTER GOLD, INC.			
2. Principal Office Address 210 174TH STREET Suite, Apt. #, etc. 1907 City & State SUNNY ISLES, FLORIDA Zip 33160		3. Mailing Office Address 210 174TH STREET Suite, Apt. #, etc. 1907 City & State SUNNY ISLES, FLORIDA Zip 33160	
Country USA		Country USA	

FILED
05 JUN -6 PM 3:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4. Date Incorporated or Qualified To Do Business in Florida 05/24/2001	
5. FEI Number 65-1119781	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name ELVIS SALVADOR	
Street Address (P.O. Box Number is Not Acceptable) 7741 N.W. 7TH STREET 100056028661 06/10/05 01051 016 **158.75	
Suite, Apt. #, Etc. 512	
City MIAMI	State FL
Zip Code 33126	

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 Elvis Salvador Date 6/3/05

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
PD	EMILIO H. TIMARCHI	210 174TH STREET #1907	SUNNY ISLES, FLA. 33160

[Handwritten signature: JFM 6/6/05]

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] **6/3/05** **305-205-8778**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (01/05)

zelz

WINTER GOLD INC.
210 174TH STREET
SUITE 1907
SUNNY ISLES, FLA. 33160
TEL. 305-205-8778

June 3, 2005

Department of State
Division of Corporation
409 E. Gaines Street
Tallahassee, Florida 32399

Dear Sir or Madam:

Re: Document #P01000051888

Please note that I did not receive the form/notice necessary to renew..

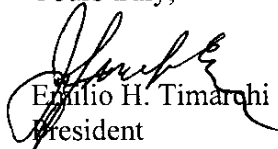
Enclosed please find reinstatement form.

I would appreciate if you can reinstate the corporation.

Enclosed please find check #2482 \$158.75

I thank you for all your help in this matter.

Yours truly,


Emilio H. Timarchi
President