

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		05 SEP 30 PM 4:15 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P01000079516					
1. Corporation Name Puda Coal, Inc.					
2. Principal Office Address 936A Beachland Blvd.		3. Mailing Office Address 936A Beachland Blvd.		CR2E081 (8/05)	
Suite, Apt. #, etc. 13		Suite, Apt. #, etc. 13		4. Date Incorporated or Qualified To Do Business in Florida 08/09/2001	
City & State Vero Beach, FL		City & State Vero Beach, FL		5. FEI Number 65-1129912	
Zip 32963		Country Indian River		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☒					
7. Name and Address of Current Registered Agent					
Name Kevin R. Keating					
Street Address (P.O. Box Number is Not Acceptable) 936A Beachland Blvd.					
Suite, Apt. #, Etc. 13					
City Vero Beach					
State FL Zip Code 32963					
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 				Date 9/30/05	
REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
PD	Kevin R. Keating	936A Beachland Blvd.		Vero Beach, FL 32963	
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: 				Date 9/30/05 772-231-7544	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H05000232787 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

CORPORATION REINSTATEMENT

PUDA COAL, INC.

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$767.50

*Please note the
certified copy I
added.
Asdy M.*

Electronic Filing Menu

Corporate Filing

Public Access Help