

(H03000283759 6)

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

03 SEP 24 PM 3:45

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000001780

1. Corporation Name  
WESTERN SILVER-LEAD  
CORPORATION

2. Principal Office Address  
445 PARK AVENUE

3. Mailing Office Address

Suite, Apt. #, etc.  
922

Suite, Apt. #, etc.

City & State  
NEW YORK, NY

City & State

Zip  
10022

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida 01-04-02

5. FEI Number 82-0197257

Applied For  
 Not Applicable

6. CERTIFICATE OF STATUS DEERED

REINSTATEMENT 03

7. Name and Address of Current Registered Agent

Name  
THOMAS J. CRAFT, JR.

Street Address (P.O. Box Number is Not Acceptable)  
3701 SOUTH FLAGLER DR.

Suite, Apt. #, Etc.  
8203

City  
WEST PALM BEACH

State  
FL

Zip Code  
33405

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

REGISTERED AGENT MUST SIGN

Date 9-24-03

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
P.D.	THOMAS J. CRAFT JR.	445 PARK AVENUE, 922	NEW YORK, NY 10022
V.P.D.	IVO HEIDEN	445 PARK AVENUE, 922	NEW YORK, NY 10022
S.D.	RICHARD RUBIN	445 PARK AVENUE, 922	NEW YORK, NY 10022

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)(b), 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:

*Tom J. Craft*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-24-03

Date

212-707-5541

Daytime Phone #

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9/25

Division of Corporations

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Florida Department of State  
Division of Corporations  
Public Access System

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To:

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

From:

Account Name : R & R ACCOUNTING & TAX SERVICES, INC.  
Account Number : 071324000655  
Phone : (305)541-0790  
Fax Number : (305)541-4015

**CORPORATION REINSTATEMENT**

**REDLAND'S EXXON STATION, INC.**

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