PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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	RPORAT			F	S	ecretary	MENT OF of State preparation				05	FIL MAR 14	ł AM		
DOCUMENT # P02000131799 1. Corporation Name Gold Kingdom, Inc)	SEC TALI	RETART LAHASSE	E, FĹ	CLATE LORIDA	
2. Principal Office Address 1 NE 1st St #10 Same as					_	office Address #2			REM	ST	ATE	MEA	IT	Λ3~C	
Suite, Apt. #, etc. Suite, Apt. #,					etc			4. Date Incorporated or Qualified To Do Business in Florida 12/13/02							
City & State Miami, FL.				- 1	City & State Miami, Fl.				5. FEI Number Applied For 54-2086088 Not Appliedle						
^{Zip} 33132	Country US				^{Zip} 3132	Country US			6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee require for a Certificate of Status						d
			<u>.</u>		7. N	ame and A	idress of Cur	rent Register	ed Agent						
	Street Add	ress (P.O. VW 1st	ssociate Box Numb Ave		cceptable)					State FL	Zip Co.	de		-	
8. I, being Signature o Registered		5	d agent of the	Q,	named composition	Wid	int	d accept the o	bligations of secti	on 607.05	!		-		CR2E081 (01/05)
9. Names	and Street A	ddresses	f Each Offi	cer and/or	Director (Flo	rida nonprof	it corporations	must list at le	ast 3 directors)			··· <u>·</u>			
Titles		Name of Officers and/or Directors						dress of Each							
P	Igor Alishayev				1 NE 1st St #10				Miami, Fl. 33132						
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this rei owed t	nstatement appraise	pplication, ition have l	the reason to been paid a	or dissolut nd the nan	tion has been nes of individ	eliminated, uals listed o	the corporate this form do i	name satisfies	provided for in cha the requirements an exemption und r oath.	of section	607.0401	or 617.0401,	É.S., tha	t all fees	
SIGNATURE Igor Alishayev/president 03/09/05 305-688-9694 SIGNATURE AND TYRED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #															

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GOLD KINGDOM, INC.

1 NE 1" ST # 10 MIAMI, FL. 33132

March 9th, 2005

State of Florida Div of Corp PO Box 6327 Tallahassee, Fl. 32314

RE: P02000131799 Gold Kingdom, Inc

To whom it may concern:

We are sending this letter because our corporation shows dissolved. We have never received a renewal form. We are enclosing a check for \$450.00 for the renewal fees and a reinstatement form. Please process the form as soon as possible.

Thank you in advance for your cooperation.

President