2004 FOR PROFIT CORPORATION REINSTATEMENT

| REINSTATEMENT | | | | | | | | FILED | | | | | |
|---|---|--|---|---------------------------------------|--------------------------|--|-----------------------------------|--|--------------------------------|-----------------------------|----------------------------|--|--|
| DOCUMENT # P03000010179 | | | | | | | | | | | | | |
| 1. Entity Name PLATINUM VENTURES, INC. | | | | | | | 05 JAN -3 PM 5: 29 | | | | | | |
| | | | | | - CO 1/1 | TE P | (| SECRETARY | CF STA | TE | | | |
| Principal Place of Business Mailing Address 351 SOUTH US HIGHWAY ONE 351 SOUTH US HIGHWAY ONE | | | | | | | T/ | CELAHASSI | բ. է LUM , | UUA | | | |
| 351 SUUTH (SUITE 101 | JS HIGHWA | Y UNE | SUITE 101 | 351 SOUTH US HIGHWAY ONE Suite 101 | | | | • | | | | | |
| JUPITER, FL | 33477 | | JUPITER, FL 33477 | IUPITER, FL 33477 | | | | EGIFT ING HOM BOIN TO | | 81 T 19818 (8) | | | |
| 2. Principal Place of Business 198 Jones Creek Drive 198 Jones Creek Di | | | | | | | | | | | | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | | | CAPPETE ANGELONG OU | | | | | | |
| City & State | iter, | Florida | City & State | Flo | lorida 4. FEI Nu | | | er | ** ******* | | plied For t Applicable | | |
| 334 | 50 | Country | 33458 | Count | ŽSA | 5. Certificate of Status De | | of Status Desired | \$8.75 Additional Fee Required | | | | |
| 05. | 6. Name | e and Address of Current | Registered Agent | | <u> </u> | | 7. Name and | Address of New F | | • | | | |
| DEPINTO, GREGG V | | | | | | | | 66 V. DEPINTO | | | | | |
| 351 SOUTH US HIGHWAY ONE SUITE 101 | | | | | | Street Address (DO) Box Number is Not Acceptable) rive | | | | | | | |
| JUPITER, FL 33477 | | | | | | , , | | | | T == 0 : | | | |
| | | | | | | cupiter FL 33458 | | | | | | | |
| | | • | the purpose of changing its | registere | d office or | registere | ed agent, or bo | th, in the State of Flo | rida. I am fa | amiliar with, | and accept | | |
| the obligations of registered agent. | | | | | | | | | | | | | |
| SIGNATURE THE VI LAPING Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstatting) DATE | | | | | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00 | | | | | | | | In accordance v | | | | | |
| 10. | | OFFICERS AND | DIRECTORS | 11. | | | ADDITIONS, | CHANGES TO OFF | ICERS AND | DIRECTORS | S IN 11 | | |
| TITLE | VSD | | ☐ Delete | TITLE | | VSI | | C 5 5 7 7 7 | -0 | Change | Addition | | |
| NAME STREET ADDRESS | FOSTER, WENDY K SS 351 SOUTH US HIGHWAY ONE #101 | | | | T ADDRESS | WENDY K. FOSTER. 198 Jones Creck Drive | | | | | | | |
| CITY-ST-ZIP | | | | | ST-ZIP | 3 | ites | - FL 3 | 3 158 | 3 | | | |
| TITLE | PTD | | ☐ Delete | TITLE | | PTI |) | • | | Change | ☐ Addition | | |
| NAME STREET ADDRESS | ŀ |), GREGG V TH US HIGHWAY ONE | #10i | NAME | T ADDRESS | GR | E66 V | . DEPIN | 10. | 1- | | | |
| CITY-ST-ZIP | ! | , FL 33477 | #101 | | ST-ZIP | 198 | s Jork | عاص | 4 CD | 10 | | | |
| TITLE | | | ☐ Delete | TITLE | | ہما ن | piter, | FL 33 | 438 | ☐ Change | Addition | | |
| NAME | | | | NAME | | | | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | | T ADDRESS \$1-zip | | | | | | | | |
| TITLE | | | ☐ Delete | TITLE | | | | - h - 1 | | Change. | Addition | | |
| NAME | | | | NAME | | | 101 | 70004: 703/05010 | | 315 | ر 158.75 | | |
| STREET ADDRESS CITY-ST-ZIP | | | | | T ADDRESS ST- ZIP | | 017 | 03/03010 | J.32*****U. | 10 44 | 1.30.13 | | |
| TITLE | | | ☐ Delete | TITLE | | | | . | • | ☐ Change | ☐ Addition | | |
| NAME | | | • | NAME | | | | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | | et address St-zip | | | | | | | | |
| TITLE | | | ☐ Delete | TITLE | | | | | | ☐ Change | ☐ Addition | | |
| NAME | | | | NAME | | | | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | | T ADDRESS ST-ZIP | | | | | | | | |
| 12. I hereby | L certify that th | ne information supplied with | this filing does not qualify for | the exer | nption stat | ted in Sec | tion 119.07(3) | (i), Florida Statutes. | I further cert | ify that the ir | nformation | | |
| indicated of the cor | on this report poration or to or on an att | ort or supplemental report is the receiver or trustee emport tachment with an address is | true and accurate and that movered to execute this report with all other like amovine ed. | ny signati as requir | ure shall h ed by Cha | ave the s opter 607. | ame legat effe Florida Statute | ot as if made under es; and that my nam | oath; that I a e appears in | m an officer Block 10 or | or director Block 11 if | | |