PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 JAN -8 PM 4:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name: P04000106746

LINE OF GOLD INC.

REINSTATEMENT
05-07

CR2E081 (12/05)

2. Principal Office Address	3. Mailing Office Address
7320 EAST FLETCHER	12502 EXCHANGE DR,STE. 412
Suite, Apt. #, etc.	Suite, Apt. #, etc.
TAMPA, FLORIDA	STAFFORD, TEXAS
Zip: 33637 Country: HILLSBOROUGH	Zip: 77477 Country: FT. BEND

4. Date Incorporated or Qualified To Do Business in Florida: JULY, 20, 2004

5. FEI Number: NONE — [ ] Applied For [X] Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] $5.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: CURTIS UPSHAW

Street Address (P.O. Box Number is Not Acceptable): 7320 EAST FLETCHER AVENUE

Suite, Apt. #, Etc.:

300038616671 3
01/25/07--01003--022 **150.00

City: TAMPA, State: FL Zip Code: 33637

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: Curtis Upshaw — REGISTERED AGENT MUST SIGN — Date: 01/02/07

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
PRES	CURTIS UPSHAW	7320 e. fletcher av.	Tampa,
V.P./treasurer/sec.	SANDRA GONGORA	7320 e. fletcher av.	Tampa

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 contained in Chapter 119, 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: Curtis Upshaw, Pres. 01/02/07 (813 978 8310)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Curtis Upshaw, Pres.
CURTIS UPSHAW, PRES.