

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000021210 1. Entity Name INTERSTATE GOLD CORP						FILED 07 OCT 12 PM 3:25 CLERK OF THE STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 4250 NW 30TH STREET STE 252 COCONUT CREEK, FL 33066				Mailing Address 4250 NW 30TH STREET STE 252 COCONUT CREEK, FL 33066			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent RONDONE, ANTHONY B 4250 NW 30TH ST STE 252 COCONUT CREEK, FL 33066				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.				SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable</small>			
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP P RONDONE, ANTHONY B 4250 NW 30TH STREET COCONUT CREEK, FL 33066				TITLE NAME STREET ADDRESS CITY-ST-ZIP <div style="text-align: center;"> 700110749227 10/12/07--01075--010 **150.00 </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <div style="text-align: center;"> 10/10/12 </div>				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							
Date 10/7/07							