

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Page 1 of 2

**CORPORATION.  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 JUN -9 PM 2:11

DOCUMENT # P06000114043

1. Corporation Name

NEW WHITE GOLD, INC

700156952277  
06/09/09--01040--005 \*\*300.00

2. Principal Office Address - No P.O. Box #

1710 NW 7TH STREET

Suite, Apt. #, etc.

STE 201

City & State

MIAMI, FLORIDA

Zip

33125

Country

USA

3. Mailing Office Address

1710 NW 7TH STREET

Suite, Apt. #, etc.

STE 201

City & State

MIAMI, FLORIDA

Zip

33125

Country

USA

CR2E081 (12/08)

4. Date Incorporated or Qualified  
To Do Business in Florida

09/05/2006

5. FEI Number  
205487382

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
LEONEL A VALENZUELA

Street Address (P.O. Box Number is Not Acceptable)  
1710 NW 7TH STREET

Suite, Apt. #, Etc.  
STE 201

City  
MIAMI

State  
FL

Zip Code  
33125

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date 04/15/2009

REGISTERED AGENT MUST SIGN

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
PVD	LEONEL A VALENZUELA	1710 NW 7TH ST STE 201	MIAMI, FLORIDA. 33125

B 6/12/09  
08-09

REINSTATEMENT

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/15/2009

Date

305-649-8494

Daytime Phone #

*By 2/26*

**MAY, 07, 2009**

**TO:**

**FLORIDA DEPARTMENT OF STATE  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 8700  
TALLAHASSEE, FLORIDA. 32314**

**FROM:**

**NEW WHITE GOLD, INC  
1710 NW 7<sup>TH</sup> STREET STE 201  
MIAMI, FLORIDA 33125**

**SUBJECT:**

**P06000114043**

**DEAR SIR OR MADAM:**

**ABOVE I APOLOGIZED FOR THE INCONVENIENCE THIS MAY CAUSE YOU.  
BY MEANS OF THIS LETTER, I CERTIFY THAT WAS NOT MY INTENTION TO  
DISSOLVE MY CORPORATION. I AM NOT AWARE THAT MY CORPORATION  
WAS DISSOLVED ON SEPTEMBER, 2007 THIS IS THE FIRST TIME I FORMER A  
CORPORATION AND I WAS NOT AWARE THAT CORPORATION HAS TO BE  
RENEWAL EVERY YEAR. NOW I KNOW.**

**I AM ASKING YOUR OFFICE IF THEY CAN TAKE INTO CONSIDERATION THAT  
THIS IS VERY IMPORTANT FOR MY AND MY FAMILY.**

**ENCLOSED I AM SENDING A CHECK OF \$300.00. THIS IS THE FIRST TIME THIS  
HAPPEN AND PLEASE I WOULD LIKE TO ASK YOUR OFFICE TO WAIVE ME THE  
LATE FEE. I HOPE THIS MATTER CAN BE RESOLVED WITH THE BEST RESULT  
AND THIS MISUNDERSTOOD NEVER WILL HAPPEN AGAIN.**

**SINCERELY**

**LEONEL A VALENZUELA**