

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

08 AUG -4 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000137565

1. Entity Name
JABEZ GOLD CORP.



Principal Place of Business
17031 SW 48TH ST.
SOUTHWEST RANCHES, FL 33331

Mailing Address
17031 SW 48TH ST.
SOUTHWEST RANCHES, FL 33331

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
1181 SW 117 WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State DAVIE, FL

Zip

Country

Zip

33325

Country

BROWARD



07292008 REIN-P CR2E098 (1/07)

4. FEI Number 20-5815363

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MIN, PAUL
17031 SW 48TH ST.
SOUTHWEST RANCHES, FL 33331

Name MI H. KIM

Street Address (P.O. Box Number is Not Acceptable)

1181 SW 117 WAY

City DAVIE

FL

Zip Code 33325

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/31/08

FILE NOW!!! FEE IS \$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 P
NAME MIN, PAUL ☒ Delete
STREET ADDRESS 17031 SW 48TH ST.
CITY-ST-ZIP SOUTHWEST RANCHES, FL 33331

TITLE P
NAME MI H. KIM ☐ Change ☒ Addition
STREET ADDRESS 1181 SW 117 WAY
CITY-ST-ZIP DAVIE, FL 33325

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/31/08

Date

Daytime Phone #

mk