

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM


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09 DEC 28 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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12/28/09--01034--008 **300.00

CR2E081 (11/09)

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P07 000 64464</u>			
1. Corporation Name GOLD FIELD RM CORPORATION			
2. Principal Office Address - No P.O. Box # 1629 NW 14 ST Suite, Apt. #, etc. APT 811 City & State MIAMI, FL Zip 33125		3. Mailing Office Address Suite, Apt. #, etc. City & State Zip Country USA	
7. Name and Address of Current Registered Agent Name MARIA E. SUAREZ Street Address (P.O. Box Number is Not Acceptable) 1629 NW 14 ST Suite, Apt. #, Etc. APT 811 City MIAMI		4. Date Incorporated or Qualified To Do Business in Florida <u>5/2/2007</u> 5. FEI Number <u>01-0899464</u> 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status*	
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 <u>[Signature]</u> Date <u>12/22/09</u> REGISTERED AGENT MUST SIGN		<input checked="" type="checkbox"/> 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.	
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
P	MARIA E SUAREZ	1629 NW 14 ST	MIAMI, FL 33125
10. E-mail Address: _____ (To be used for future annual report notification)			
11. 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. I further certify, 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: <u>[Signature]</u> MARIA E SUAREZ <u>12/22/2009</u> 786-970-6158 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			