

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000018193

1. Corporation Name

INGRAM MINING & DEVELOPMENT, INC

2. Principal Office Address

3001 N.e. 1st Ave

Suite, Apt. #, etc.

3. Mailing Office Address

3001 N.e. 1st Ave

Suite, Apt. #, etc.

City & State

Pompano Bch, FL

Zip

33064

Country

USA

City & State

Pompano Bch, FL

Zip

33064

Country

USA

FILED

Mar 13, 2003 8:00 A
Secretary of State

REINSTATEMENT 94-03

900014062079

03/13/03--01042--029 **2108 .75

4. Date Incorporated or Qualified
To Do Business in Florida

3-8-93

5. FEI Number

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

Keith Ingram

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

3001 N.e. 1st Ave

Suite, Apt. #, Etc.

City

Pompano Bch

State

FL

Zip Code

33064

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

Keith Ingram

Date 3-11-03

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
CEO	Anta Ingram	1406 Section Line Tr	Deltona, FL 32725
CFO	Mattie Ingram	133 Fig Tree Run	Longwood, FL 32750
S	Mattie Ingram	133 Fig Tree Run	Longwood, FL 32750

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 under section 119.07(3)(i), 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: Anta Ingram

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-03

386-574-4574

Date

Daytime Phone #