

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC 15 AM 11:01

DOCUMENT # P93000067647

1. Corporation Name

THE GREAT ALASKA/YUKON MINING & TRADING COMPANY

Principal Place of Business

5171 W. WINDS DR.
ORLANDO FL 32819
US

Mailing Address

P.O. BOX 1599
WINTER PARK FL 32790



REINSTATEMENT 02

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

7600 Dr. Phillips Dr.

Suite, Apt. #, etc.

Suite 2-137

City & State

Orlando, FL

Zip

32819

Country

US

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/23/1993

5. FEI Number

59-3207347

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DPST	FLOUNDERS, ROBERT A	7600 DR. PHILLIPS BLVD, SUITE 2-137	ORLANDO FL 32819
DV	BOLSTRIDGE, Michael W.	P.O. Box 3561	Soldotna, AK 99669
			100003515551--3 -12/28/00--01039--024 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

LIVINGSTON, EDWARD M
628 ELLEN DR
WINTER PARK FL 32789

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Edward M. Livingston
REGISTERED AGENT MUST SIGN

Date

12/12/00

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 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:

Robert A. Flounders
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ROBERT A. FLOUNDERS, President

Date

12/12/00

Daytime Phone #

407/629-4545