

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 APR 25 AM 8:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000050807

1. Corporation Name

Clements GoldenPhoenix Enterprises, Inc.

2. Principal Office Address

3135 S.W. Mapp Road

Suite, Apt. #, etc.

3. Mailing Office Address

3135 S.W. Mapp Road

Suite, Apt. #, etc.

City & State

Palm City, Florida

Zip

34990

Country

USA

City & State

Palm City, Florida

Zip

34990

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/05/1994

5. FEI Number

65-0509296

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

800017115168
04/25/03--01082--020 **300.00

7. Name and Address of Current Registered Agent

Name

Joseph R. Rizzuti

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

3135 S.W. Mapp Road

Suite, Apt. #, Etc.

City

Palm City

State

FL

Zip Code

34990

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

REGISTERED AGENT MUST SIGN

Date 04/23/03

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/T/S/C	Joseph R. Rizzuti	3135 S.W. Mapp Road	Palm City, Florida 34990

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/23/03

Date

772-287-5958

Daytime Phone #

CR2E084 (10/02)

gr 4/25

April 23, 2003

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

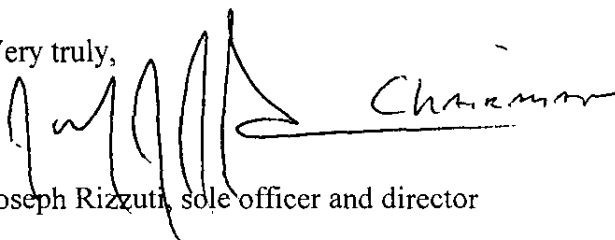
RE: Reinstatement and Name Change of Clements Golden Phoenix Enterprises, Inc.

To Whom It May Concern:

Enclosed please find a Reinstatement Application and a check in the amount of \$300.00 made payable to Department of State.

Previous notices regarding the Annual Report were not received by the Company. Please reinstate the Company as quickly as possible.

Very truly,

A handwritten signature in black ink, appearing to read 'Joseph Rizzuti', with a long horizontal line extending to the right.

Joseph Rizzuti, sole officer and director

Encls.