

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000076332

1. Corporation Name

G2 RESOURCES, INC.

2. Principal Office Address

47097 Glen Aire Court

3. Mailing Office Address

47097 Glen Aire Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sterling, VA

City & State

Sterling, VA

Zip

20165

Country

USA

Zip

20165

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 10/17/1994

5. FEI Number

65-0534047

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

000039310860
07/19/04--01069--001 **1650.00

7. Name and Address of Current Registered Agent

Name

Jerome Hennigan

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

2220 Hillcrest St

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32803-4906

000039310860
07/19/04--01069--002 **8.75

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

Jerome Hennigan
REGISTERED AGENT MUST SIGN

Date

5-10-04

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
D	Christopher K. Stahl	47097 Glen Aire Court	Sterling, VA 20165

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:

Christopher K. Stahl
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/5/04

Daytime Phone

571-434-2882
MW

CR2E081 (01/04)