

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


APPROVED  
AND  
FILED

00 JUN 23 PM 12:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-07/28/00--01060--008  
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08-00

<b>CORPORATION REINSTATEMENT</b> 		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>PALE0000087670</b>			
<b>1. Corporation Name</b>  Aurum, Inc.			
<b>2. Principal Office Address</b> 2317 Locustwood Ct. Suite, Apt. #, etc. City & State Orange Park FL Zip Country 32065 USA		<b>3. Mailing Office Address</b> Same as #2 Suite, Apt. #, etc. City & State Zip Country W000-14040	

<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 1996	
<b>5. FEI Number</b> 59-3409764	Applied For Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>	

\$8.75 Additional Fee required for a Certificate of Status

<b>7. Name and Address of Current Registered Agent</b>			
Name Robert G. Haines			
Street Address (P.O. Box Number is Not Acceptable) As above 2317 LOCUSTWOOD COURT			
Suite, Apt. #, Etc. 0			
City ORANGE PARK		State FL	Zip Code 32065

**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: Robert G. Haines Date: June 17, 2000

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
Pres	Robert G. Haines	As Above	
Sec-Treas	E. Jacqueline Haines	"	

**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: Robert G. Haines Date: 6/1/00 Daytime Phone #: 904 272-5155

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/99)