

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 JUN 15 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000079538

1. Corporation Name

American Intergold, Inc.

2. Principal Office Address

9100 N.W. 36th Street

Suite, Apt. #, etc.

Suite 108

City & State

Miami, FL

Zip

33178

Country

U.S.A.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

99-00

**4. Date Incorporated or Qualified
To Do Business in Florida**

September 11, 1997

5. FEI Number

65-0798874

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

Teddy L. Montoto, Esq.

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

7721 S.W. 62nd Ave.

Suite, Apt. #, Etc.

Suite 101

City

South Miami

State
FL

Zip Code
33143

900003312429-9

-07/05/00-01013-011

***\$900.00 ***\$900.00

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 6/12/00

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.	Alan F. Mertz	6609 Gulf of Mexico Dr.	Long Boat Key, FL 34228

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

LUIS PEREZ

Date

6/12/00

(305) 468-8734

Daytime Phone #