

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

02 MAR 11 PM 4:00

DOCUMENT # P99000082523

1. Corporation Name

ANCASH MINING, INC.

2. Principal Office Address

3050 Biscayne Blvd

Suite, Apt. #, etc.

Suite 908

City & State

Miami, FL

Zip

33137

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

9/13/99

5. FEI Number

65-0955393

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 01-02

7. Name and Address of Current Registered Agent

Name

Pedro Camacho

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

3050 Biscayne Blvd., Suite 908

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33137

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

Date 3-7-02

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
P/D	Pedro Camacho	3050 Biscayne Blvd. Suite 908	Miami, FL 33137
D	Arlene Huysman	3050 Biscayne Blvd. Suite 908	Miami, FL 33137

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

Pedro Camacho, President 3-7-02

Date

Daytime Phone #

CR2E081 (9/01)