

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

11 JAN 25 AM 10:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000109995

1. Corporation Name

Quantera Energy Resources, Inc

800192419368  
01/25/11--01004--005 \*\*1508.75

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #

9248 NW 26th Ave

Suite, Apt. #, etc.

3. Mailing Office Address

9248 NW 26th Ave

Suite, Apt. #, etc.

City & State

Gainesville, FL

Zip Country

32606

USA

City & State

Gainesville FL

Zip Country

32606

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

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

John S. Anderson

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

9248 NW 26th Ave

Suite, Apt. #, Etc

City

Gainesville

State

FL

Zip Code

32606

REINSTATEMENT 06-11

JB 1/25/11

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

*John S. Anderson*

REGISTERED AGENT MUST SIGN

Date Jan 25, 2011

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	John S. Anderson	9248 NW 26th Ave	Gainesville, FL 32606
Secy	Loral Anderson	9248 NW 26th Ave	Gainesville, FL 32606

10. E-mail Address: Quanteraenergy@gmail.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

*John S. Anderson*

John S. Anderson

1/25/11

352-258-4623

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #