

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



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

FILED

00 AUG 17 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V28663

1. Corporation Name

MEGA-GOLD, INC.

2. Principal Office Address

R.B 9100 NW 36th St.

Suite, Apt. #, etc.

109

City & State

Miami, FL

Zip

33178

Country

US

3. Mailing Office Address

F.R.B. 9100 NW 36th St.

Suite, Apt. #, etc.

109

City & State

Miami, FL

Zip

33178

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

8/3/1993

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

Valentino Diaz

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

Federal Reserve Building 9100 NW 36th Street

Suite, Apt. #, Etc.

109

City

Miami

State

FL

Zip Code

33178

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

Valentino Diaz

REGISTERED AGENT MUST SIGN

Date

8/14/2000

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.	Valentino Diaz	Federal Reserve Building 9100 NW 36th Street	Miami, FL 33178
Vice Pres.	Luis Perez	Federal Reserve Building 9100 NW 36th Street	Miami, FL 33178
Secy.	Valentino Diaz	Federal Reserve Building 9100 NW 36th Street	Miami, FL 33178
Treas.	Valentino Diaz	Federal Reserve Building 9100 NW 36th Street	Miami, FL 33178

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)(l), 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

Date

8/14/2000 305-525-6051

Daytime Phone