

LO6000087162

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
08 OCT 22 AM 8:35
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # LO6000087162

1. Limited Liability Company's Name

Golden Rule LLC

000137206770

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box # <u>7711 Clubdale loop</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>7711 Clubdale loop</u> Suite, Apt. #, etc.	
City & State <u>Orlando FL</u>		City & State <u>Orlando FL</u>	
Zip <u>32810</u>	Country <u>USA</u>	Zip <u>32810</u>	Country <u>USA</u>

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida
8/6/2006

6. FEJ Number
20-5482887

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays St.

Suite, Apt. #, Etc.

City
Tallahassee

State
FL

Zip Code
32301

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent [Signature] **Troy Todd as its agent** Date 10/14/2008
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<u>OWNER</u>			
<u>MGRM</u>	<u>Stacy Meunier</u>	<u>7711 Clubdale loop</u>	<u>Orlando FL 32810</u>

REINSTATEMENT 2007-2008

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager [Signature] Date 10/13/08 Daytime Phone # 407 209 7535
Typed or printed name of signing Managing Member/Manager Stacy A Meunier



CORPORATION SERVICE COMPANY

L06000087162

ACCOUNT NO. : 072100000032

REFERENCE : 757671 7548827

AUTHORIZATION

[Handwritten signature]

COST LIMIT : \$377.50

ORDER DATE : October 14, 2008

ORDER TIME : 10:26 AM

ORDER NO. : 757671-005

CUSTOMER NO: 7548827

FILED
08 OCT 22 AM 8:35
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: GOLDEN RULE, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd - Ext# 2940

EXAMINER'S INITIALS

[Handwritten initials]