

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
Nov 22, 2002 8:00 A.M
Secretary of State

DOCUMENT # P01000035669

1. Corporation Name
GOLDEN GROUP LIQUOR, INC.

11/06/02--01117--011 **750.00



Principal Place of Business	Mailing Address
85 GRAND CANAL DRIVE SUITE 306 MIAMI FL 33144	85 GRAND CANAL DRIVE SUITE 306 MIAMI FL 33144

REINSTATEMENT 02

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable <i>Ayleen Pereyra</i>		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 04/09/2001	
Suite, Apt. #, etc. <i>85 Grand Canal Dr. 306</i>		Suite, Apt. #, etc.		5. FEI Number <i>65-1093458</i>	
City & State <i>Miami, FL</i>		City & State		Applied For Not Applicable	
Zip <i>33144</i>	Country <i>Miami, FL</i>	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	PEREYRA, AYLEEN	85 GRAND CANAL DRIVE SUITE 306	MIAMI FL 33144

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
PEREYRA, AYLEEN 85 GRAND CANAL DRIVE SUITE 306 MIAMI FL 33144		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent *Ayleen Pereyra* **SIGNATURE REQUIRED** Date _____
REGISTERED AGENT MUST SIGN

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., 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: *Ayleen Pereyra* **SIGNATURE REQUIRED** Date 10/29/02 Daytime Phone # 305-220-9081
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/02)