

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

04 MAR 16 AM 8:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000035669

1. Corporation Name

GOLDEN GROUP LIQUOR, INC.

2. Principal Office Address

11437 S.W. 40 ST

3. Mailing Office Address

85 GRAND CANAL DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

306

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33156

Country

MIAMI-DADE

Zip

33144

Country

MIAMI-DADE

4. Date Incorporated or Qualified

To Do Business in Florida APRIL 9, 2001

5. FEI Number

65-1093458

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

AYLEEN PEREYRA

Street Address (P.O. Box Number is Not Acceptable)  
85 GRAND CANAL DRIVE

000038505640

03/16/04--01026--010 \*\*300 00

Suite, Apt. #, Etc.  
306

City

MIAMI

State

FL

Zip Code

33144

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

REGISTERED AGENT MUST SIGN

Date

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	AYLEEN PEREYRA	85 GRAND CANAL DRIVE SUITE 306	MIAMI, FL 33144

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:

*Aylen Pereyra* AYLEEN PEREYRA, Pres.

3/3/04

305-266-9484

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)

# MORILLAS ACCOUNTING SERVICE

85 Grand Canal Drive, Suite 407 306

Miami, Florida 33144

Phone (305) 266-9484 / Fax (305) 266-9486

March 3<sup>rd</sup> 2004

Florida Department of State  
Division of Corporations  
409 East Gaines St.  
Tallahassee, Fl 32399

Ref: Golden Group Liquor, Inc.  
P01000035669

Dear Sir/Madam:

I'm respectfully requesting abatement of penalty of late annual report and reinstatement of corporation for the following reason..

The mailing address of the corporation is my office and for some reason the annual report was either misplaced or not received.

It is not the fault of corporation nor its officers for this error.

I'm enclosing a check for the amount of \$300.00 to reinstate the corporation.

Thanking you in advance for your prompt favorable decision in the matter.

Julio Morillas



JM/vp