

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF REVENUE
TAMMIE M. HARRIS
Secretary of State
DIVISION OF CORPORATIONS

98-99 AR

FILED

99 JUL -6 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000098930**

1. Corporation Name

Golden Financial, Inc.

Principal Place of Business

**1550 ISLAND WAY
FORT LAUDERDALE FL
33326**

Mailing Address

**1550 ISLAND WAY
FORT LAUDERDALE FL
33326**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 98-99

4. Date Incorporated or Qualified To Do Business in Florida

11-20-97

5. FEI Number

65-0794863

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres	JAIME DARWICH MERCADO	1550 ISLAND WAY FORT LAUDERDALE FL 33326	FORT LAUDERDALE FL 33326

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07/13/99-01072-006

******900.00 ****900.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**JAIME MERCADO
1550 ISLAND WAY
FORT LAUDERDALE FL 33326**

Name

JAIME MERCADO

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

1550 ISLAND WAY

Suite, Apt. #, Etc.

City

FT LAUDERDALE

State

FL

Zip Code

33326

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.

Signature of Registered Agent

X

REGISTERED AGENT MUST SIGN

Date **06/24/99**

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAIME DARWICH MERCADO

Date

06/24/99

Daytime Phone #

CR2E081 (12/98)