

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # V55629

1. Corporation Name

Golden Crown Enterprises, Inc.

Principal Place of Business

Mailing Address

**4335 Darlington Road
Holiday, FL 34689**

**4335 Darlington Road
Holiday, FL 34689**

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

2. New Principal Office Address, If Applicable

15217 Montgomery St.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

15217 Montgomery St

Suite, Apt. #, etc.

City & State

Hudson, FL

City & State

Hudson, FL

Zip

34667

Country

USA

Zip

34667

Country

USA

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
C/P	Nada Dakic	15217 Montgomery St	Hudson, FL 34667
V/S/T	Mihailo Dakic, Jr.	15217 Montgomery St	Hudson, FL 34667

REINSTATEMENT 96-99 ITS

200002902142--3

06/11/99--01062--023

*****1000.00 ***1000.00**

8. Name and Address of Current Registered Agent

**Nada Dakic
15217 Montgomery St
Hudson, FL 34667**

9. Name and Address of New Registered Agent

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.

Signature of
Registered Agent

Nada Dakic

REGISTERED AGENT MUST SIGN

Date **2/11/99**

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., 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:

Nada Dakic **NADA DAKIC**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/99 (727) 863-8107

Date Daytime Phone #

CR2E081 (12/98)