

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 4335 Darlington Road
Holiday, FL 34689 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 Country
34667 USA

Zip Country
34667 USA

4. Date Incorporated or Qualified To Do Business in Florida
91/92

5. FEI Number
59-3178263

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
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 Zip Code
FL

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** **2/11/99** (927)863-8107
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (12/98)