## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINSTATEMENT	Secretary of State DIVISION OF CORPORATIONS	FILED 09 FEB - 4 AM 10: 43
DOCUMENT # P04000026560 1. corporation Name Golden Financial Services COID		SECRETARY OF STATE TALLAHASSEE, FLORIDA
		000139334860 12/30/0801008011 **308.75
2954 KINKROAD	ailing Office Address 2954 KIRKROUD ADLE etc.	CR2E081 (10/08)
	· · · · · · · · · · · · · · · · · · ·	4. Date Incorporated or Qualified To Do Business in Florida
Luke Wotth FL Caya	ike Worth FL	5. FEI Number  2007/5870  Applied For Not Applicable
33461 1/05 a 33	3461 Country	CERTIFICATE OF STATUS DESIRED 1 12.75 4 administral Fee required for a Certificate of Status
Name  Name  CU  CU  Street Address (P.O. Box Number in Not Acceptable)  Suite, Apt. #, Etc.  City  La Ke Werth  State  Tip Code  FL  33 46		The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.
8. 1, 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		
9. Names and Street Addresses of Each Officer and/or Direct		at 3 directors)
Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P Paul Paguin	2954 Kirk Road 1	Enlautith Lake Worth FL 33461
	·	027979-39334860
REINSTATEMENT		
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 filling 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 contained in Chapter 119, 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 MARIE OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #		