APPLICATION FOR REINSTATEMENT FOR

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE.

FILED
98 JUN 25 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Read Instructions on Other Side Before Making Entries
Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation DOCUMENT # 451153

GOLDEN HILLS FARM INC.
48 N.W. 29 Street
Miami, FL 33127

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address
Address
City and State
Zip Code

REINSTATEMENT 94-98

3. Date Incorporated or Qualified To Do Business in Florida: 4/29/74

4. FEI Number: applied for

☐ FEI Number Applied For
☐ FEI Number Not Applicable

5. Names and Street Addresses of Each Officer and/or Director

1 Title	2 Names of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City and State
P/D	LEOTA SCARBOROUGH	1700 N.E. 105 St. #206	Miami Shores, FL 33138
S/D	RAMONA HOFMANN	1340 N.E. 103 Street	Miami Shores, FL 33138

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-06/30/98--01007--002
***1358.75 ***1358.75

This corporation has liability for intangible tax under section 199.032, Florida Statutes. ☐ Yes ☐ No
For intangible tax information call Department of Revenue 904-488-6800.

REGISTERED AGENT INFORMATION

6. Name and Address of Current Registered Agent

Laurence J. Rohan, Esquire
4675 Ponce de Leon Boulevard
Suite 302
Coral Gables, FL 33146-2113

7. Name and Address of New Registered Agent

Name
Street Address (Do NOT Use P.O. Box Number)
Street Address (Do NOT Use P.O. Box Number)
City and State: FL.
Zip Code

8. 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: [signature] Date: 6/19/98
REGISTERED AGENT MUST SIGN

9. 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 that all fees owed by the corporation have been paid. 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 of Officer or Director: x Leota Scarborough Date: 6/22/98 Phone # 305 891-5371

Typed or printed name of signing officer or director: Leota Scarborough - President

10. Should you desire a certificate of status check the box

CERTIFICATE OF STATUS DESIRED ☑

$5.75 Additional Fee Required for a Certificate of Status