2004 FOR PROFIT CORPORATION

EII En

REINSTATEMENT								, 1 114	ΞU		,
DOCUMENT # 692553 1. Entity Name THE COLDEN ANGUER INC.							04	DEC 23	AM 9: 1	7	
THE GOLDEN ANCHOR, INC.							S S	ECRETARY LLAHASSE	OF STATE E. FLORID	Ē Ā	
Principal Place of Business 9104 FRONT BEACH ROAD PANAMA CITY BEACH, FL 32407-4029			Mailing Address 9104 FRONT BEACH ROAD PANAMA CITY BEACH, FL 32407-4029			ins	aten	ENT	64		
2. Priceipal Place of Business			3. Mailing Address								
Sulle, Apt. #, etc.			Suite, Apt. #, etc.				10212004	REIN-P	CR2E	(6/04)	
City & State			City & State				4. FEI Numb 59-215				olied For Applicable
Zip	Country		Zip Count		try		5. Certificate	of Status Desire	d 🗆	\$8.75 Add	
6. Name and Address of Current Registered Agent							7. Name and	Address of Ne	w Registered	Agent	
JOHNSTON, JAMES P. 2304 WINONA DRIVE				Name Street Address (P.O. Box Number is Not Acceptable)							
PANAMA CITY, FL 32405											
					City FL Zip Code						
8. The above the obligati	named entity submits thi ions of registered agent.	s statement for	he purpose of changing its	registere	ed office or r	register	ed agent, or bo	th, in the State o	f Florida. I am	familiar with, a	and accept
SIGNATURE		of registered agent and	d trie if applicable. (NOT	E: Ragistere	ed Agent signatu	ute requir	ed when reinstating	,	DATE		
FILE	V E NOW!!!-FEE IS \$75	0.00							·		
After Jan	uary 1, 2005, Fee w	iii be \$900.00									
10.	,	FICERS AND D	IRECTORS	11.			ADDITIONS	CHANGES TO	OFFICERS AN	DIRECTORS	IN 11
title Name	P JOHNSTON, JAMES	8 P.	Delete	TITLE NAM						Change	☐ Addition
STREET ADDRESS City-St-Zip	113 HENRY AVENU PANAMA CITY BCH	E			ET ADDRESS -ST-ZIP						
TITALE	ST		☐ Delete	BILE	i i		7	വനാഷം	2612	Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	JOHNSTON, IRIS G 113 HENRY AVENU PANAMA CITY BCH	E			ET ADDRESS -ST-ZIP		12/2	0004: 3/04010	035011	**750.	. 00
TITLE			Delete	TATLE						☐ Change	Addition
NAME STREET ADDRESS				NAM STRE	ET ADORESS						
CITY-ST-ZIP				CITY	-ST-ZIP						
title Name			Delete	TITLE NAM	1					☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP				STRE	ET ADORESS - ST-ZIP						
TITLE -			☐ Delete	חדנו	Ē					Change	Addition
NAME STREET ADDRESS				NAM STRE	ET ADDRESS				_		
CITY-ST-ZIP					-SI-ZIP						
title Name		-	☐ Delete	TITLE	[☐ Change	Addition
STREET ADDRESS]				ET ADDRESS						

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE: *

CITY-ST-ZIP

Date

Daytime Phone #