

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR 91-96 REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED AND FILED </div> 96 DEC 16 AM 11:26 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # F90942 1 Corporation Name GOLDEN BARTON, INC.					
Principal Place of Business 15290 S.W. 82 AV MIAMI FL 33157			Mailing Address 45 SAIS AV SAN ANSELMO CA 94960		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2 New Principal Office Address, if Applicable		3. New Mailing Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida 1982	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-2174949	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
Zip		Country		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	
DO NOT WRITE IN THIS SPACE					
7 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
PRES.	MICHAEL GOLDEN	45 SAIS AV	SAN ANSELMO CA 94960		
V.P. PRES.	SUSAN BARTON GOLDEN	45 SAIS AV	SAN ANSELMO CA 94960		
			REINSTATEMENT		
			1991 - 1996		
			A. Allen		
			12/10/96		
8. Name and Address of Current Registered Agent MR. HARVEY JUDKOWITZ 14281 S.W. 74 TERR. MIAMI FL 33183			9. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) 700002032467--2 Suite, Apt. #, Etc. -12/18/36--01047--012 City ***1245.00 ***1245.00		
Signature of Registered Agent REGISTERED AGENT MUST SIGN			Date 12-12-96		
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)					
12 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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: Michael Golden - MICHAEL GOLDEN 12/10/96 (41) 543-8556 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E040 (12/95)