

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		APPROVED AND FILED 98 JUL 27 AM 9:31 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # K71458 1. Corporation Name GOLDEN FORTUNE, INC.					
Principal Place of Business Mailing Address 2893 BIG SKY BOULEVARD, KISSIMMEE, FL 34744 MAILING ADDRESS: 2893 BIG SKY BOULEVARD, KISSIMMEE, FL 34744 If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable SEE ABOVE Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable SAME Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 03/08/1989	
City & State		City & State		5. FEI Number 59-2969957	
Zip	Country	Zip	Country	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)					
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		
P/S/T	DANNY QUINN.	2893 BIG SKY BOULEVARD	KISSIMMEE, FL 34744		
VP	RONALD TONG.	4002 W. VINE STREET	KISSIMMEE, FL 34741		
				000002604700--1 -07/31/98--01100--0120 ***1350.00 ***1300.00 <i>JB 129-98</i>	
8. Name and Address of Current Registered Agent RONALD TONG 4002 W. VINE STREET KISSIMMEE, FL 34741				9. Name and Address of New Registered Agent Name DANNY QUINN Street Address (P.O. Box Number is Not Acceptable) 2893 BIG SKY BOULEVARD Suite, Apt. #, Etc. City KISSIMMEE, State FL Zip Code 34744	
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 <i>[Signature]</i> Date 7/17/98 DANNY QUINN REGISTERED AGENT MUST SIGN					
11. This corporation owns or has paid 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 <i>[Signature]</i> NAME OF SIGNING OFFICER OR DIRECTOR Danny Quinn President Date 7/17/98 Daytime Phone # 407-9575022					

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