

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 15 PM 1:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # K93963

1. Corporation Name

GOLDEN MANAGEMENT, INC.

Principal Place of Business

6560 N. SCOTTSDALE RD.  
SUITE G206  
SCOTTSDALE AZ 85253  
US

Mailing Address

P.O. BOX ~~456~~ 5762  
SCOTTSDALE AZ 85261



300009034813  
11/15/02--01094--039 \*\*150.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/06/1989

5. FEI Number

59-2960060

Applied For

Not Applicable

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

3

Street Address of Each  
Officer and/or Director

City / State / Zip

P

BEATTIE, RICHARD P

1150 TARPON CENTER DRIVE SUITE 70

VENICE FL 34185

VP

BEATTIE, GLENN A

2775 N. HIGHWAY 360

ARLINGTON TX 76011

S

BEATTIE, MICHELLE E

1150 TARPON CENTER DRIVE SUITE 7

VENICE FL 34185

8. Name and Address of Current Registered Agent

BEATTIE, RICHARD P  
1150 TARPON CENTER DRIVE, SUITE 704  
VENICE FL 34185

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11/8/02

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/02)



Golden Management, Inc.  
P.O. Box 5762  
Scottsdale, AZ 85261  
(480) 483-0008  
Fax: (480) 483-8043

November 8, 2002

State of Florida  
Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sirs:

Enclosed is our application for reinstatement in the State of Florida for Golden Management Inc. This return was not filed timely due to the original application being sent to an old address. The post office box on the application has been closed. Depending upon who was sorting the mail at the post office the mail is forwarded to the new post office box, however the original application did not reach us.

We ask that the penalties are abated and our corporate status with the State of Florida be reinstated. If you have any additional questions you may call 480 483-0008.

Thank you for your prompt attention to this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Richard P. Beattie".

Richard P Beattie