

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 28 PM 5:14
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. **DOCUMENT #** L00000003814

Name and Mailing Address

0007222 01 AT 0.292 **AUTO T7 0 0615 33172-230482



GOLDEN INVESTORS, L.L.C.
1882 N.W. 97TH AVENUE
MIAMI FL 33172-2304

REINSTATEMENT 2003



10/28 2003

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 04/04/2000	
Principal Place of Business 1882 N.W. 97TH AVENUE MIAMI FL 22172	3. New Principal Place of Business Address	6. FEI Number 41-2051507	Applied For Not Applicable
City, State, Zip		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent ABRAHAM BENHAMU, ALBERT 21166 N. EAST 33RD AVENUE AVENTURA FL 33180	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 700024185427 10/28/03--01008--010 **150.00 City FL Zip Code
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10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent *[Signature]* Date 10/22/03

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	ABRAHAM BENHAMU, ALBERT	21166 N. EAST 33RD AVENUE	AVENTURA FL 33180
MGRM	HADIDA, MOLLY	21166 N. EAST 33RD AVENUE	AVENTURA FL 33180
MGRM	KNOBLOCH, ENRIQUE	2600 ISLAND BLVD., APT. 1108	AVENTURA FL 33180
MGRM	COHEN, COTA	2600 ISLAND BLVD., APT. 1108	AVENTURA FL 33180
MGRM	EDDERAI, JEAN JACQUES	1261 98 STREET	BAY HARBOR FL 33154
MGRM	EDDERAI, PERLA	1261 98 STREET	BAY HARBOR FL 33154

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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 Managing Member/Manager *[Signature]* Date 10/22/03 Daytime Phone # (305) 4681955

Typed or printed name of signing Managing Member/Manager