Facsimile Audit No.: H04000161531 3

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2004 AUG -5 A 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000004243

1. Limited Liability Company's Name
GOLDEN EAGLE HOLDINGS, LLC

2. Principal Office Address		3. Mailing Office Address	
409 S. WESTLAND AVE.		409 S. WESTLAND AVE.	
Suite, Apt. #, etc. UNIT 4		Suite, Apt. #, etc. UNIT 4	
City & State TAMPA, FLORIDA		City & State TAMPA, FLORIDA	
Zip 33606	Country USA	Zip 33606	Country USA

4. State/Country of Formation: FLORIDA, USA

5. Date Organized or Qualified To Do Business in Florida: 4/12/2000

6. FEI Number: ☑ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: JOHN N. GIORDANO, ESQ.

Street Address (P.O. Box Number is Not Acceptable): 220 S. FRANKLIN STREET

Suite, Apt. #, Etc.:

City: TAMPA | State: FL | Zip Code: 33602

9. 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 _____ REGISTERED AGENT MUST SIGN

Date: AUGUST 5, 2004

CR2E041 (10/02)

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	ALAN H. SCHNEIDER	409 S. WESTLAND AVE., UNIT 4	TAMPA, FL 33606
		REINSTATEMENT 02-03-04	
		AL	

11. 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 608.408, 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 _____ Date 8/5/04 Daytime Phone# 813-376-8865

Typed or printed name of signing Managing Member/Manager: ALAN H. SCHNEIDER, MANAGING MEMBER

Florida Department of State

Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000161531 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : BUSH ROSS GARDNER WARREN & RUDY, P.A.
Account Number : I19990000150
Phone : (813)224-9255
Fax Number : (813)223-9620

RECEIVED
04 AUG -5 PM 4:10
DIVISION OF CORPORATION

Brenda Heeland - 10872-2

LIMITED LIABILITY REINSTATEMENT

GOLDEN EAGLE HOLDINGS, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$300.00

Electronic Filing Menu Corporate Filing Public Access Help