L00000004243

Florida Department of State
Division of Corporations
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LIMITED LIABILITY REINSTATEMENT

GOLDEN EAGLE HOLDINGS, L.L.C.

Certificate of Status	0
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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 MAR -2 PM 12:30
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DIVISION OF CORPORATIONS

CR2E041 (1/07)

DOCUMENT # L00000004243

1. Limited Liability Company's Name

GOLDEN EAGLE HOLDINGS, L.L.C

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
612 W. SWANN AVENUE		612 W. SWANN AVENUE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
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: APRIL 12, 2000

6. FEI Number: 34-2008902 ☐ 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

☑ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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: _____ Date: MARCH 2, 2007

REGISTERED AGENT MUST SIGN

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	612 W. SWANN AVENUE	TAMPA, FLORIDA 33606

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: /s/ Alan H. Schneider (Blue) Date: 3/2/07 Daytime Phone #: 813-376-8865

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