

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2011 SEP -1 PM 1:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01-11121

1. Limited Liability Company's Name

Golden Eagle Investments, LLC

000211542810
08/29/11--01058--001 **1373.75
CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #
JACKSON TOWER LAS OLAS 1905D

Suite, Apt. #, etc. LAS

3. Mailing Office Address LAS
JACKSON TOWER OLAS 1905D

Suite, Apt. #, etc.

City & State
Fort Lauderdale, FL

City & State
Fort Lauderdale, FL

Zip Country
33361 USA

Zip Country
30078 USA

4. State/Country of Formation
Florida, USA

5. Date Organized or Qualified
To Do Business in Florida 7/10/2001

6. FEI Number 651122335
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
Judi Epstein

Street Address (P.O. Box Number is Not Acceptable)
JACKSON TOWER OLAS 1905D

Suite, Apt. #, Etc. LAS

City
FORT LAUDERDALE

State Zip Code
FL 33361

E-mail Address:

(To be used for future annual report notices)

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

Judi Epstein
REGISTERED AGENT MUST SIGN

Date 8/24/11

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
MGRM	Judi Epstein	JACKSON TOWER <u>LAS</u> OLAS 1905D	Fort Lauderdale, FL 33361

REINSTATEMENT 03/11 *st*

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 608.406, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

Judi Epstein

Date 8/24/11

Daytime Phone # 404-974-3487

Typed or printed name of signing Managing Member/Manager Judi Epstein, Managing Member