PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 OCT 10 AM 9:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01 0000 12590

1. Limited Liability Company's Name
Golden Palms, LLC

REINSTATEMENT 2002

2. Principal Office Address	**3.** Mailing Office Address
P.O. Box 562966	P.O. Box 562966
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State: Miami, FL
Zip: 33256 Country: U.S.A	Zip: 33256 Country: U.S.A

4. State/Country of Formation: Florida / F.E.I.N.

5. Date Organized or Qualified To Do Business in Florida: 07/13/01

6. FEI Number: 65-1125077 ☐ 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: Daniel Prewett

800008380478
10/15/02--01070--003 **150.00

Street Address (P.O. Box Number is Not Acceptable): 5777 Beneva Road South

Suite, Apt. #, Etc.:

City: Sarasota State: FL Zip Code: 34233

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: Daniel Prewett
REGISTERED AGENT MUST SIGN

Date: 10/08/2002

CR2E041 (9/01)

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	Pilar O'Hare	7801 SW 24 ST #102	Miami, FL 33155

10/11 MST

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.

Signature of Managing Member/Manager: Pilar O'Hare Date: 10/08/02 Daytime Phone #: (305)267-7480

Typed or printed name of signing Managing Member/Manager: Pilar O'Hare