

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 FEB 14 AM 10:34

DOCUMENT # L04000005351

1. Limited Liability Company's Name

GOLD IS GOOD, LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #

421 Washington Ave.

Suite, Apt. #, etc.

202

City & State

Miami Beach, FL

Zip

33139

Country

U.S.A.

3. Mailing Office Address

421 Washington Ave,

Suite, Apt. #, etc.

202

City & State

Miami Beach, FL

Zip

33139

Country

U.S.A.

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

January 21, 2004

6. FEI Number

20-8305865

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

Gianluca Mandelli c/o Blink Management

Street Address (P.O. Box Number is Not Acceptable)

421 Washington Avenue

Suite, Apt. #, Etc.

202

City

Miami Beach

State

FL

Zip Code

33139

☒ 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

REGISTERED AGENT MUST SIGN

Date

2/2/07

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	Juliet Gold	Ten Museum Park 1040 Biscayne Blvd.	Miami, FL 33132
			400089029224 02/23/07--01007--004 **300.00
			REINSTATEMENT 05-07

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

Date

2/4/07

Daytime Phone #

305.528.8225

Typed or printed name of signing Managing Member/Manager

Juliet Gold