

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 NOV 16 AM 8:50

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L07000036239

1. Limited Liability Company's Name

GOLIATH HOLDINGS LLC

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

750 OCEAN ROYALE WAY

Suite, Apt. #, etc.

NPH-4

City & State

JUNO BEACH FL

Zip

33408

Country

USA

3. Mailing Office Address

750 OCEAN ROYALE WAY

Suite, Apt. #, etc.

NPH-4

City & State

JUNO BEACH FL

Zip

33408

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

4/5/07

6. FEI Number

20-8823347

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

LINDA GAITO

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

1607 BONTIA DRIVE

Suite, Apt. #, Etc.

City

PALM BEACH GARDENS

State

FL

Zip Code

33418

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

Linda O'Donnell

REGISTERED AGENT MUST SIGN

Date 11/12/09

☒ 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.

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	FRANK LEO	750 OCEAN ROYALE WAY NPH-4	JUNO BEACH FL 33408

L. SELLERS

REINSTATEMENT 0809

NOV 17 2009

EXAMINER

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

Frank Leo

Date 11/6/09

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

FRANK LEO