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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 18 AM 11:16

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

1. DOCUMENT # L95000000181

Name and Mailing Address

0015288 01 MB 0.309 **AUTO T7 0 0615 06702-120770



GOLDENEYE REALTY OF FLORIDA, L.C.
70 CENTRAL AVE.
WATERBURY CT 06702-1207



3/18

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 03/08/1995	
Principal Place of Business 70 CENTRAL AVE. WATERBURY CT 06702	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 59-3311456	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent CHIUMENTO, MICHAEL D 4 OLD KINGS RD. NORTH PALM COAST FL 32137		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
10. 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 <i>[Signature]</i> SIGNATURE REQUIRED Date 3/15/04 REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	ANTHONY, JAMES	380-239 HITCHCOCK RD	WATERBURY CT 06705
MGRM	FORD, JOHN W	45 AMANDA LANE	NAUGATUCK CT 06770-1557
		300029074073 02/19/04--01021--002 **200.00	
		REINSTATEMENT 2003-2004	
12. 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 <i>[Signature]</i> SIGNATURE REQUIRED		Date 1/29/04 Daytime Phone #	
Typed or printed name of signing Managing Member/Manager			

CR2034 (7/03)