

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

2003 APR 10 PM 1:49

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L96000000651

Name and Mailing Address

0011507 01 SP 0.370 **SGLP 0615 33157

GOLDEN GATE HOMES, L.C.
16021 SW 91 COURT
MIAMI FL 33157



2. Mailing Address

11111 BISCAYNE BLVD # 725
MIAMI FL 33121

Principal Place of Business

4781 NW 122 DRIVE
CORAL SPRINGS FL 33076

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

06/12/1996

6. FEI Number

65-0690442

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

BRODIE, SIDNEY Z ESC
7270 NW 12TH STREET PH-I
MIAMI FL 33126

9. Name and Address of New Registered Agent

HERMANN ZINGG
11111 BISCAYNE BLVD # 725
MIAMI FL 33121

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

Date 3/31/03

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	ZINGG, NIEVES	SANTA ROSA DE LIMA #B-1 VENEZUELA	CALLE C EDIFICIO
MGRM	ZINGG, HERMANN A	11111 BISCAYNE BLVD. #725	N. MIAMI FL 33161

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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

Date 3/31/03

Daytime Phone # 954 5204244

Typed or printed name of signing Managing Member/Manager