

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR -2 AM 9:44

DOCUMENT # L99000002501

1. Limited Liability Company's Name

Golden Florida Management Holdings, LC

REINSTATEMENT 02-05

2. Principal Office Address

115 North Maitland Avenue
Suite, Apt. #, etc.

3. Mailing Office Address

115 North Maitland Avenue
Suite, Apt. #, etc.

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

4/30/99

City & State

Altamonte Springs, FL

City & State

Altamonte Springs, FL

Zip
32701

Country
USA

Zip
32701

Country
USA

6. FEI Number

59-3718694

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

Michael E Murray

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

115 North Maitland Avenue

Suite, Apt. #, Etc.

City

Altamonte Springs,

State

FL

Zip Code

32701

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

Michael E Murray
REGISTERED AGENT MUST SIGN

Date

3/2/2005

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
Mgr.	Murray Family Trust	115 North Maitland Avenue	Altamonte Springs, FL 32701

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

Michael E Murray Trustee

Date

3/2/2005

Daytime Phone #

(407) 331-4300

Typed or printed name of signing Managing Member/Manager

CR2001 (10/02)