COMPANY REINSTATEMENT



LIMITED LIABILITY FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

'FILED ...

03 MAY 29 AM 8:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT#	m 01	00000	2779
4 Limited Lighility Company's I	Name		

Typed or printed name of signing Managing Member/Manager _

GOLDEN WEST HOLDINGS, LLC

<i>?</i> ?										
Principal Office Ad	Principal Office Address 3. Mailing Office A		ice Address	 _						
1451 W.	CYPRESS CERC	RD			4. 9	State/Countr	ry of Format	ion		
Suite, Apt. #, etc.	1	Suite, Apt. #, e	tc.			\mathcal{D}_{i}	ELAI	VARE		
300					5. [Date Organia To Do Busin	zed or Quali	fied		
City & State	Gity & State City & State							1a 12 -13		
TT. LAYDELDAZE, FL Zip Country Zip						6. FEI Number 59-3750905			<u> </u>	nied For
Zip	Country	Zip	70	Country	7.	27-0	750	7		Applicable
333	USA					ERTIFICATE (OF STATUS [Additional a Certificate	Fee required of Status
		8 , Na	me and Addi	ress of Current	Registered Age	ent			_	
Name	(144. A. A.	111000	٠ د م	10						
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	pt. #, Etc.						*			
City						 	State	Zip Code		
City	FT. LAYDE	EDALE					FL	ີ <i>3</i> 33 <i>0</i> }	İ	
9. I, being appointed	the registered agent of the apo	ove\named limited	liability compa	any, am familiar	with and accept	the obligation	ons of Chapt	er 608, F.S.		
Signature of	Calain 2	210	0					=12/1/2		J
Registered Agent	Vellente	EGISTERED AGE	NT HUST SK	ON!			Date	5/24/2	003	
		EGISTERED AGE	NI MUSI SI	JN						
10. Names and Stre	et Addresses of Managing Mer	mbers/Managers						 		
Titles	Name of Managing Members/Manag			Street Addres Managing Memb	er/Manager			City / State	-	j
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	managing member/manager coment application the reason to									
	he limited liability company hav									
	la la alla	XIV		0	ml 1	/		(0)		
Signature of Managing Member/Ma	anager Wylle	CAV &	then	L Da	te_ <i>724</i> /	1 <i>20</i> 03 ₀ a	aytime Phon	#(95 <u>4)</u>	79-23	53