

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2020 11 PM 2:53

DOCUMENT # M16000002986

1. Limited Liability Company's Name
GOLDEN COAST LLC

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

3291 NW 13th TERRACE

Suite, Apt. #, etc

3291 NW 13th TERRACE

City & State

MIAMI, FL

Zip

33125

Country

3. Mailing Office Address

3291 NW 13th TERRACE

Suite, Apt. #, etc

3291 NW 13th TERRACE

City & State

MIAMI, FL

Zip

33125

Country

CR2E041 (1/14)

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

04/08/2016

6. FEI Number

81-1205860

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

EMILIO GIRO

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

3291 NW 13th TERRACE

Apt. #, Etc

City

MIAMI

State

FL

Zip Code

33125

300855345582
11/13/20--01003--003 + \$555.00

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

Date

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
AMBR	EMILIO GIRO	3291 NW 13th TERRACE	MIAMI, FL 33125
AMBR	NANCY RENTE	3291 NW 13th TERRACE	MIAMI, FL 33125

REINSTATEMENT

2017-2020

11. E-mail Address

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

Signature of authorized representative/member

Date

Daytime Phone #

Typed or printed name of signing authorized representative/member

EMILIO GIRO - AMBR