PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DOCUMENT # NOOOOOO		O7 JUN 28 AM 10: 15 RETURY OF STAIL ALLAMASSEE, FLORIDA
GOLDEN GATE SERGE 2. Principal Office Address - No P.O. Box # 3. Mailing 2886 TAMIAMITRAI 2467 Suite, Apt. #, etc. Suite, Apt. # City & State PORT CHARLOTTE FI PUN	Office Address MONTALIER RD #, etc. ATE HOME	REINSTATEMENTO 3-0/ 4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number 65-102-7788 REINSTATEMENTO 3-0/ Applied For Not Applicable
Zip Country Zip Country CHARIOTTE 33 983 CHARIOTTE Certificate of Status Desired for a Certificate of Status T. Name and Address of Current Registered Agent		6. S8 75 Additional Fee required
Name LAURA L HAW/EY Street Address (P.O. Box Number is Not Acceptable) 2467 MONT/E//ER ROAD Suite, Apt. #, Etc. City PunTA GORDA State Zip Code 733983		The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived. 500105412036
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Date REGISTERED AGENT MUST SIGN		
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)		
Titles Name of Officers and/or Directors	Street Address of Each Officer and/or Director	
T JANET BURGESS	2435 A Quillos	COURT PORT CHAR/OTTE F/339VZ
UP ERNIE BRYANT	531 MYRTLE	AUT PUNTA GORDA F/33950
C PHILIP COALES	2459 MONTPE	FLIER PUNTA GRAA FISSARS
P LAURA L HAWLE	2467 MONT	PELIER PUNTA GORDA F133923
S TANET BURGESC	2435 AQUILLOS	COURT PORT CHAR/OTTE F/33452
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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: Travera & Howley PRESIDENT 06/25/07 624-4524 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daysime Phone #		
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