PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.									
REINSTATEMENT			Se	DEPARTMENT OF STATE Secretary of State VISION OF CORPORATIONS		O9 APR 16 PM 1: 23 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
1. Corpora		P00000038	3636			TÅ	TLLAHASSEE, PLON	1	
-		•							
2. Principal Office Address - No P.O. Box # 6816 NW 28TH AVENUE				Office Address		200150713412 04/16/0901048002 **150.00 CR2E081 (12/08)			
Suite. Apt. #	#, etc.		Suite, Apt. #. et	Suite, Apt. #. etc.		4. Date Incorporated or Qualified To Do Business in Florida			
City & State	LAUDERDAI	_E, FL	City & State	City & State		5. FEI Number Applied For Not Applied ble			
Zip 33309		ountry ISA	Zip	Coun	try .	6.	OF STATUS DESIDED 38.75	Additional Fee required Certificate of Status	
7. Name and Address of Current Registered Agent						. ,			
Name Tom Andrews						The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you			
Street Address (P.O. Box Number is Not Acceptable) 9 SW 13TH STREET									
Suite, Apt. #, Etc.						 are certifying the prior notices were not received and requesting the reinstatement 			
Suite State Zip Code						fee be waived. 200150713412			
FŤLAL	JDERDALE	1		FL	Zip Code 33315	04/16/09n1048nn3 **150.nn			
8. I, being Signature of Registered	of ///	BML	ve named corpora		with and accept the ol	bligations of section	on 607.0505 or 617.0503, F.S. Date 4/15/2009		
9. Names	and Street Addr	esses of Each Officer and	t/or Director (Flori	da nonprofit corp	orations must list at le	ast 3 directors)		••••	
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip		
PD	PETER BOULUKUS			6816 NW 28TH AVENUE			FORT LAUDERDALE, FL 33309		
VPD	TRACY BOULUKUS			6816 NW 28TH AVENUE			FORT LAUDERDALE, FL 33309		
			<u> </u>			20 04/16	001507134 /0901048004	12 **150.00	
	REINSTATEME				ENT Rh		200150713412 0426/09-01048-006-1*150.00 200150713412		
this re owed	instatement applic by the corporation	cation, the reason for diss	iolution has been e names of individua	eliminated, the co als listed on this f	rporate name satisfies orm do not qualify for	provided for in cha the requirements an exemption con	ter 607 or 617, F.S. I further cer of section 607.0401 or 617.0401 lained in Chapter 119, F.S. The i	, F.S., that all fees	

Daytime Phone #

SIGNATURE:

SIGNATURE AND PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

To Whom It May Concern:

Please be advised that we have not received any of our UBR notices in the past few years. I believe our mailing address was incorrect. Please abate the late fee penalties.

Thank you,

Golden Fig Inc

5 checks @ 150.00 each for years,