PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY DE STATE TALLAMASSEE, FLBRIDA 1. Corporation Name GOLDEN EAST COAST ENTERPRISES INC. OLIVIZ/0701003020 ***300.00 2. Principal Office Address 12905 N.MIAMI AVENUE Sule, Apt. F. 40c. Sule,	CORPORATION REINSTATEMENT	FLORIDA DEPARTM Secretary o DIVISION OF CORI	FILED 07 JAN -8 開刊: 28		
2. Principal Office Address 12905 N.MIAMI AVENUE 2. State, Apt. #, etc. 2. State, Apt. #, etc. 2. State, Apt. #, etc. 3. Malling Office Address 12905 N.MIAMI AVENUE 2. State, Apt. #, etc. 4. Date incorporated or Qualifying 1/31/2001 5. 651074741 5. 651074741 6. Certificate of Stratus Despero 10 Address in Florida 0/9/31/2001 7. Name and Address of Current Registered Agent 1. Name Apt. Apt. #, Etc. City & State 7. Name and Address of Current Registered Agent Name 10 Applicable 10 Agent Ag				SEGRETARY OF STATES TALLAHASSEE, FLORIDA	
Suite, Apt. #, etc. 4. Date Incorporated or Qualified 1/31/2001 To Do Business in Finds 01/31/2001 S. #FINITED ACTION OF THE PROPERTY OF THE PR	GOLDEN EAST COAST ENTERPRISES INC.			000084094010 01/12/0701003020 **300.00	
4. Date Incorporated or Qualifyd 1/31/2001 To Do Business in Florida 01/31/2001 5. 65107474741 Applied For Not Applicable 5. 65107474741 Applied For Not Applicable 7. Name and Address of Current Registered Agent Name Name Name Name Name Street Agency IP G Box Number or Suya Acceptable Street Agency IP G Box Number or Suya Acceptable Street Agency IP G Box Number or Suya Acceptable Street Agency IP G Box Number or Suya Acceptable Street Agency IP G Box Number or Suya Acceptable Name of One Applicable Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Name of Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 12905 N. MIAMI AVENUE N. MIAMI, FL 33168 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 cently that when filing this reinstalterent application, the reason to dissolidate has been elemented, the corporate name satisfied the requirements of section 607 000 or 617 001 or 617 001; F.S. that ellipsed on this application is true and accepts, and my signature shall have the same legal effect as if made under oath.	12905 N.MIAMI AVENUE	2905 N.MIAMI AVENUE 12905 N.MIAMI AVENUE		REINSTATEMENT	
33168 PUSA 33168 PUSA 33168 PUSA 33168 PUSA 6. CERTIFICATE OF STATUS DESIRED 7. Name and Address of Current Registered Agent Name NAME A LUMP Street address of 9, Box Number is Not Acceptable) STREET Suite, Apt. #, Etc. OO — C City NAMI Steet 2/p Codg Septiment Steet 2/p Codg Septiment Steet Ste				4. Date Incorporated or Qualified To Do Business in Florida 01/31/2001	
Name MARIA LUNIA Street Address IP 9 Box Number is Not Acceptable) Suite, Apt. #, Etc. OO — C City MAM 8. I, being appointed the 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 Director Cofficer and/or Director (Florida nonprofit corporations must list at least 3 directors) D JULIO MASSETTI 12905 N.MIAMI AVENUE N. MIAMI, FL 33168 10. Learly, that I am an officer or director or the receiver or husbe empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this foin-statement 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 agordity. And my signature shall have the same legal effect as if made under cath.					
Street Address & Color & &	33168 USA	3 3168	ĴŜA	CENTIFICATE OF CTATUS DESIDED 30.73 Additional Fee required	
D JULIO MASSETTI 12905 N.MIAMI AVENUE N. MIAMI, FL 33168 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 filing 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 according, and my signature shall have the same legal effect as if made under oath.	Street Address (P.Q. Box Number is Not Acceptable) Suite, Apt. #, Etc. City M/AM 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 REGISTERED AGENT MUST SIGN				
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.	Officers and/or Directors	TI 12005	Officer and/or Director	city / State / Zip	
	10. I certify that I am an officer or director or the rece this reinstatement application, the reason for dissowed by the corporation have been paid and the on this application is true and accurate, and my some contents of the corporation is true.	iver or trustee empowered to esculution has been eliminated, the	execute this application as parts of the corporate name satisfies this form do not qualify for	provided for in chapter 607 or 617, F.S. I further certify that when filing s the requirements of section 607.0401 or 617.0401, F.S., that all fees an exemption contained in Chapter 119, F.S. The information indicated er oath.	

3. Mitchell JAN 8 2007

January 02, 2007

Dear,

Florida Department of State, Division of Corporations.

This is a letter to inform you that GOLDEN EAST COAST ENTERPRISES, INC., has never received the ANNUAL REPORT 2005 and 2006.

Because when it was filed it had other address.

Enclosed please find check \$300.00

Julio Massetti President