

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
Nov 22, 2002 8:00 A.M
Secretary of State

DOCUMENT # **P01000035669**

1. Corporation Name

GOLDEN GROUP LIQUOR, INC.

11/06/02--01117--011 **750.00



Principal Place of Business

Mailing Address

**85 GRAND CANAL DRIVE
SUITE 306
MIAMI FL 33144**

**85 GRAND CANAL DRIVE
SUITE 306
MIAMI FL 33144**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Ayleen Pereyra

Suite, Apt. #, etc.

Suite, Apt. #, etc.

85 Grand Canal Dr. 306

City & State

City & State

Miami, FL

Zip

33144

Country

Miami, FL

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/09/2001

5. FEI Number

65-1093458

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	PEREYRA, AYLEEN	85 GRAND CANAL DRIVE SUITE 306	MIAMI FL 33144

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**PEREYRA, AYLEEN
85 GRAND CANAL DRIVE
SUITE 306
MIAMI FL 33144**

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11. 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 under section 119.07(3)(i), 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/29/02 305-220-9081

CR2E040 (8/02)