

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUN 11 AM 10:30

DOCUMENT # P02000033585

1. Corporation Name

GOLDEN DOME ENTERPRISES, INC.

2. Principal Office Address

ONE BARBADOS

Suite, Apt. #, etc.

APT. 1-C

City & State

TAMPA, FL

Zip

33606

Country

USA

3. Mailing Office Address

ONE BARBADOS

Suite, Apt. #, etc.

APT. 1-C

City & State

TAMPA, FL

Zip

33606

Country

USA

REINSTATEMENT 03-04

4. Date Incorporated or Qualified

To Do Business in Florida MARCH 27, 2002

5. FEI Number

01-0691495

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

THOMAS P. MCNAMARA

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

2909 BAY TO BAY BLVD.

Suite, Apt. #, Etc.

SUITE 309

City

TAMPA

State

FL

Zip Code

33629

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

[Signature]

Date

6-9-04

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 | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| D,P,S- | STEVE FINELLI | One Barbados, Apt. 1-C | TAMPA, FL 33606 |
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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 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6-9-04

727-804-3860

Daytime Phone #

CR2E081 (01/04)