

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 OCT 14 AM 10:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000041628**

1. Corporation Name

**GOLDEN NETWORKING CONSULTANTS, INC.**

Doc # **P02000041628**

**REINSTATEMENT 03**

2. Principal Office Address

**1289 NE 181 ST**

Suite, Apt. #, etc.

3. Mailing Office Address

**1289 NE 181 ST**

Suite, Apt. #, etc.

City & State

**MIAMI, FL**

Zip

**33162**

Country

**USA**

City & State

**MIAMI, FL**

Zip

**33162**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**APRIL 10, 2002**

5. FEI Number

**71-0880031**

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

**STEPHEN A DALEC**

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

**1289 NE 181 ST**

Suite, Apt. #, Etc.

City

**MIAMI**

State

**FL**

Zip Code

**33162**

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]*

REGISTERED AGENT MUST SIGN

Date **OCT 9, 2003**

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
President	Stephen A Dalec	1289 NE 181 ST	MIAMI, FL 33162

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 **OCT 9, 2003**

Date

**(517) 819 7756**

Daytime Phone #

CR20081 (10/02)

2/10/15

To : Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Please find attached to this letter the Corporation Reinstatement form for Golden Networking Consultants, Inc. Doc # P02000041628. I never received the notification for the 2003 Uniform Business Report in the mail. Per the telephone instructions, I have completed the Reinstatement form and am asking for the additional administrative fees to be waived. I have enclosed a check in the amount of \$150.00 per the telephone instructions.

Thank you

Stephen A. Daleo

A handwritten signature in cursive script, appearing to read "S. Daleo", written in dark ink.

Golden Networking Consultants, Inc.