

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT 22 AM 8:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO2000056775

1. Corporation Name

GOLDEN TREASURE, INC.

2. Principal Office Address

3960 LAKE WORTH RD

Suite, Apt. #, etc.

City & State

LAKE WORTH, FLORIDA

Zip

33461

Country

US

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

5-22-2002

5. FEI Number

06-1641341

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 63-04

7. Name and Address of Current Registered Agent

Name

MERNAN & ASSOCIATE, INC.

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

2298 NW BOCA RATON BLVD.

Suite, Apt. #, Etc.

19

City

BOCA RATON

State

FL

Zip Code

33431

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

Date 10-13-04

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
<u>P</u>	<u>LUIS JIMENEZ</u>	<u>8314 BUTTERFIELD LANE</u>	<u>BOCA RATON, FL 33433</u>

800042105328
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10/26

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-13-04

Date

561-649-2227

Daytime Phone #

CR2E081 (01/04)

GOLDEN TREASURE INC

3960 Lake Worth Road
Lake Worth, FL 33461
561-649-2227

October 12, 2004

Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314


Re: Golden Treasure Inc.
Corporation Reinstatement

To Whom It May Concern:

This letter is to advise you that we have never received the original Annual Corporate Return, and as per your instructions, we have enclosed the Corporation Reinstatement form with a check for \$ 375.00.

Thank you for your attention.

Sincerely,


Luis Jimenez
President