

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *P02000067260*

1. Corporation Name

*Golden Touch Restaurant and
Bakery, Inc.*

2. Principal Office Address

7229 Wareham Dr.

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33047

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

REINSTATEMENT 03-24

4. Date Incorporated or Qualified
To Do Business in Florida

6-18-02

5. FEI Number

02-0635947

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

Hubert Lewis

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

7229 Wareham Dr.

Suite, Apt. #, Etc.

1

City

Tampa

State

FL

Zip Code

33647

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

Hubert Lewis
REGISTERED AGENT MUST SIGN

Date *2-12-04*

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	Lewis, Hubert	7229 Wareham Dr.	Tampa, FL 33647
D/S/T	Lewis, Hortense	7229 Wareham Dr.	Tampa, FL 33647
D/P	Dennis, Patrick	16102 Cambria Ct	Tampa, FL 33647

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:

Patrick L. Dennis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/04
Date

Daytime Phone #

CR2E081 (01/04)