## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION FOR** REINSTATEMENT



### FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

#### P02000068110 DOCUMENT #

1. Corporation Name

### GOLDEN STREET-INK INCORPORATED

Principal Place of Business

Mailing Address

FILED 03 OCT 20 PM 2: 34

TALLAHASSEE, FLORIDA

2251 NW 34TH AVE LAUDERDALE LAKES FL 33311			2251 NW 34TH AVE LAUDERDALE LAKES FL 33311						
,						   <b>神</b> 乳   107/001	) )               	3 <b>5914</b> -027 **150.00	
If above addresses are incorrect in any way, line through incorrect  2. New Principal Office Address, If Applicable  3. New Mai							12/04/0301034027 **150.00  4. Date Incorporated or Qualified		
						To Do Business in Florida - 06/19/2002			
Suite, Apt.	#, etc.		Suite, Apt. #	Suite, Apt. #, etc.			r	Applied For	
City & State			City & State	City & State				Not Applicable	
Zip Country		Zip		Country	6. CERTIFICATE OF STATUS DESIRED   \$8.75 Additional Fee require for a Certificate of Status				
7. Names	and Street Ad	dresses of Each Officer ar	nd/or Director (Flo	rida nonpro	fit corporations must list at lea	st 3 directors)			
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip		
ÓPT	GAYLE, RUPERT B			2251 NW 34TH AVE			LAUDERDALE LAKES FL 33311		
VS	GAYLE, LORNA E			2251 NW 34TH AVE			LAUDERDALE LAKES FL 33311		
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1.5.41									
						<del></del>			
•						<u> </u>			
8. Name and Address of Current Registered Agen							and Address of New Registered Agent		
SPIEGEL & UTRERA, P.A.					Name Weat B. Cayle Street Address (P.O. Box Number is Not Acceptable)				
1840 SW 22ND ST.				Street Address (P.O. Box Number is Not Acceptable)			VENUE		
4TH FLOOR					Suite, Apt. #, Etc.				
MIAMI FL 33145				City LAUNCHOAGE			anes	State Zip Code FL 333 II	
10. I, being	g appointed th	e registered agent of the a	bove named corp	oration, am 1	amiliar with and accept the ob	oligations of Sect	ion 607.0505, F.S. o	r 617.0505, F.S.	
<b>\</b>		//	•						
Signature of Registered	of Agent	Rayle					Date	10/14/03	
-	" / /	' '	REGISTERED AC	ENT MUST	SIGN			·	

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 filling 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 TY

10/14/03

# J.R. FERREIRO, JR., P.A.

Certified Public Accountant 7611 N.W. 72 Avenue, Suite 223-A Medley, Florida 33166 Tel: (786) 337-6918 Fax: (786) 337-6919

October 14, 2003

Florida Department of State Uniform Business Report 409 East Gaines Street Tallahassee, Fl 32399

RE: Golden Street-Ink Incorporated Doc # P02000068110

Dear Sirs:

Enclosed are above referred to taxpayer 2003 - Application for Reinstatement and check no. 1127 in the amount of \$150.00,. Mr. Gayle never received the annual report this year, please waived all penalties on this matter.

If you required any other information please, do not hesitate to contact this office at 786-337-6918.

Thank You,

J.R. Ferreiro, Jr.