

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000095381

1. Entity Name
GOLDEN OLDIES, INC.



Principal Place of Business
474 RIVERSIDE AVE.
JACKSONVILLE, FL 32202

Mailing Address
474 RIVERSIDE AVE.
JACKSONVILLE, FL 32202

FILED
04 NOV 19 AM 10: 50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

11162004 REIN-P CR2E098 (6/04)

City & State

City & State

4. FEI Number

05-0530108

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HADDAD, MICHELE
1616 TROY LYNN TRAIL
JACKSONVILLE, FL 32225

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME HADDAD, MICHELE
STREET ADDRESS 1616 TROY LYNN TRAIL
CITY-ST-ZIP JACKSONVILLE, FL 32225 ☐ Delete

TITLE Treasurer
NAME Anthony T. Haddad
STREET ADDRESS 3601 Kernan Blvd S. Apt 1525A
CITY-ST-ZIP Jacksonville, Florida 32224 ☐ Change ☒ Addition

TITLE T
NAME HADDAD, DANIEL S
STREET ADDRESS 1616 TROY LYNN TRAIL
CITY-ST-ZIP JACKSONVILLE, FL 32225 ☒ Delete

TITLE
NAME 000042904250
STREET ADDRESS 11/19/04--01054--003 **150.00
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/17/04 (904) 353-4853

Date

Daytime Phone #