

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000064950

1. Entity Name
GOLDEN ROOSTER, INC.



FILED

05 JUL -8 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
643 NORTH MILL AVENUE
ORLANDO, FL 32803

Mailing Address
643 NORTH MILL AVENUE
ORLANDO, FL 32803

2. Principal Place of Business

630 NORTH THOMSON AVE.

Suite, Apt. #, etc.

3. Mailing Address

7624 Deerebryn Drive

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL 32803

4. FEI Number

20-2070218

Applied For

Not Applicable

Zip

32803

Country

USA

Zip

32835

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THOMPSON, THERESE
643 NORTH MILLS AVENUE
ORLANDO, FL 32803

7. Name and Address of New Registered Agent

Name
THERESE H. THOMPSON

Address (or Day Number in Not Applicable)
7624 Deerebryn Drive

City
ORLANDO FL 32835

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

[Handwritten Signature]

(NOTE: Registered Agent signature required when reinstating)

4/28/05

FILE NOW!!! FEE IS \$300.00

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary & President
NGUYEN DO GOBEL
101 PASSAGE
DECATUR CITY, GA. 30269

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
Charles D. Thompson
7624 Deerebryn Drive
Orlando, FL 32835

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE PRESIDENT
LEDO
1626 COCCARD STREET
ORLANDO, FL 32803

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
LEGAL AGENT
THERESE H. THOMPSON
7624 Deerebryn Drive
ORLANDO FL 32835

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/05

Date

Daytime Phone #