

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 MAY -5 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700125040007
04/22/08--01019--030 **450.00

CR2E081 (12/07)

DOCUMENT # **P05000104280**
1. Corporation Name
GOLDEN STEPS INC

W0800020543

| | | | |
|---|--|---|--|
| 2. Principal Office Address - No P.O. Box # 500 THREE ISLANDS BLVD Suite, Apt. #, etc. M24 City & State HALLANDALE BEACH, FLORIDA Zip 33009 | | 3. Mailing Office Address 500 THREE ISLANDS BLVD Suite, Apt. #, etc. M24 City & State HALLANDALE BEACH, FLORIDA Zip 33009 | |
| Country USA | | Country USA | |

**4. Date Incorporated or Qualified
To Do Business in Florida** 07-26-2005

5. FEI Number **20-3221835**
☐ 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
RODRIGO PENAS
Street Address (P.O. Box Number is Not Acceptable)
2500 PARK VIEW DR
Suite, Apt. #, Etc.
1907
City
HALLANDALE BEACH State **FL** Zip Code **33009**

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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 4-16-08
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 |
|--------|-----------------------------------|--|----------------------------|
| P | RODRIGO PENAS | 500 THREE ISLANDS BLVD M24 | HALLANDALE BEACH, FL 33009 |
| YP | DIANA ELMUFDI | 500 THREE ISLANDS BLVD M24 | HALLANDALE BEACH, FL 33009 |
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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 contained in Chapter 119, 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

305-300-9030
Date Daytime Phone #