

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000032945

Entity Name: GOLDEN TRAFFIC, CORP

FILED
Aug 05, 2009
Secretary of State

Current Principal Place of Business:

3890 W. COMMERCIAL BLVD
STE # 219
TAMARAC, FL 33309 B

New Principal Place of Business:

Current Mailing Address:

3890 W. COMMERCIAL BLVD STE 219
SUITE C-5
TAMARAC, FL 33309 B

New Mailing Address:

FEI Number: 71-1002883

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBENSON, RYA
2600 NW 55 AVE
311
LAUDERHILL, FL 333123 US

Name and Address of New Registered Agent:

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.

SIGNATURE: ROBENSON RYA

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TURENE, JEAN FRANTZ
Address: 3890 W. COMMERCIAL BLVD SUITE # 219
City-St-Zip: TAMARAC, FL 33309 B

Title: VP () Delete
Name: MOMPEROUSSE, KERSAINT
Address: 3890 W. COMMERCIAL BLVD STE 219
City-St-Zip: TAMARAC, FL 33309 B

Title: D () Delete
Name: TURENE LIONEL
Address: 6411 NW 26 STREET
City-St-Zip: SUNRISE, FL 33313 B

Title: D () Delete
Name: MAJORIE GERMAIN
Address: 1820 N. UNIVERSITY DR
City-St-Zip: PLANTATION, FL 33322 B

Title: D () Delete
Name: DANIELLE LINDOR
Address: 10240 FLORENCE CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33407 W

Title: D () Delete
Name: FRANCOIS SMITH
Address: 3900 W. COMERCIAL BLVD STE 214
City-St-Zip: TAMARAC,, FL 33309 B

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TURENE JEAN FRANTZ

P

08/05/2009

Electronic Signature of Signing Officer or Director

Date