

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000060839**

1. Corporation Name

GOLDEN EAGLE ENTERPRISES OF MIAMI, INC.

Principal Place of Business

150 S.E. 2ND AVE.
SUITE 910
MIAMI FL 33131

Mailing Address

150 S.E. 2ND AVE.
SUITE 910
MIAMI FL 33131

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

SAME
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

SAME
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

08/18/1994

5. FEI Number

65-0512869

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	FRANCO FERREIRA M FERREIRA, MARIA CLARA F.	150 SE 2ND AVE., STE. 910	MIAMI FL 33131
D	BULDRINI, SOLANGE	150 SE 2ND AVE., STE 910	MIAMI, FL 33131

400002243314--4
-07/21/97--01127--014
****923.75 ****923.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

COSTA, ROGERIO
150 S.E. 2ND AVE.
SUITE 910
MIAMI FL 33131

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

06/30/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SOLANGE BULDRINI
(DIRECTOR SOLANGE BULDRINI) **06/30/97** **(305) 579-9057**