PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

APPROVED AND FILED
1996 DEC -2 PM 3:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000036833

1. Corporation Name
GOLD ASSETS, INC.

Principal Place of Business	Mailing Address
3669 EL CAMINO LARGO FL 34641	3669 EL CAMINO LARGO FL 34641

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

REINSTATEMENT

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc. 3900 Belleair Blvd	Suite, Apt. #, etc. Same
City & State Largo FL 33771	City & State
Zip / Country Pinellas	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 05/08/1995

5. FEI Number: 59-3313461 ☐ 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	PAJAK, GARY W	3669 EL CAMINO	LARGO FL 34641

000002020640--5
-120596--01030--003
****375.00 ****375.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
O'CONNOR, PATRICK M C/O PATEL, MOORE & O'CONNOR, P.A. 18167 U S HIGHWAY 19 NO., SUITE 481 CLEARWATER FL 34624	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State FL / Zip Code

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: See Attached REQ Date:
REGISTERED AGENT MUST SIGN

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: See Attached REQUIRED 11/4/96 813-536-3421
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (7/96)

0103480 FP

NOV-25-96 TUE 3:46 PM GARY W PAJAK FAX NO. 813 530 5135 P. 2

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O'CONNOR, PATRICK M
C/O PATEL, MOORE & O'CONNOR, P.A.
18167 U S HIGHWAY 19 NO., SUITE 150
CLEARWATER FL 34624

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State FL | Zip Code

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Signature of Registered Agent _____ Date 11/25/96

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