

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**

1998 FEB 23 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000074139

1. Corporation Name

Golden Abbey Enterprises, Inc.

Principal Place of Business

Mailing Address

1420 Golfview Drive
Daytona Beach, FL 32114

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

2. New Principal Office Address, If Applicable
See Above

3. New Mailing Office Address, If Applicable
See Above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/26/95

5. FEI Number

59-3345914

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
P	Miriam L. Saldon	654 Needlerush Rd.	Port Orange, FL 32127
VP	Erlinda G. Mogol	215 Fairfax Drive	Daytona Beach, FL 32119
S	Imelda C. Lavarias	718 Breckenridge Drive	Port Orange, FL 32127
T	Rogelio A. Mogol	215 Fairfax Drive	Daytona Beach, FL 32119

REINSTATEMENT

8. Name and Address of Current Registered Agent

Randal L. Schecter, Esq.
1030 W. International Speedway Blvd.
Suite 210
Daytona Beach, FL 32114

9. Name and Address of New Registered Agent **Same**

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

REGISTERED AGENT MUST SIGN

Date **2/20/98**

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

Imelda C. Lavarias
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Imelda C. Lavarias

2/20/98 (904) 252-8770
Date Daytime Phone #

CR2E040 (1/98)