

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT -7 AM 10: 27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96 0000 11190

1. Corporation Name

GOLD CONNECTION INC.

REINSTATEMENT 97-03

700023608847

10/07/03--01009--027 **1658.75

2. Principal Office Address

14539 S. MILITARY TRAIL 205 SW 34 AVE

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DELRAY BEACH, FL

City & State

DEERFIELD BEACH, FL

Zip

33484

Country

USA

Zip

33442

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

2-2-1996

5. FEI Number

65-0726630

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

ARTIN PAPAZYAN

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

205 SW 34 AVE

Suite, Apt. #, Etc.

City

DEERFIELD BEACH

State

FL

Zip Code

33442

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

9/23/03

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
<u>SECRETARY</u>	<u>ARTIN PAPAZYAN</u>	<u>205 SW 34 AVE</u>	<u>DEERFIELD BEACH, FL 33442</u>
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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 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/23/03

Date

861-921-0352

Daytime Phone #

210/8

CR2E081 (1/0/02)