PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 NOV 18 AM 11:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000096813

900025069229
11/26/03--01029--030 **758.75

1. Corporation Name

Our Golden Home Corporation of Florida.

REINSTATEMENT 03

2. Principal Office Address	**3.** Mailing Office Address
18400 NW. 81 Court.	18400 NW. 81 Ct.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hialeah. Fl.	City & State: Hialeah. Fl.
Zip: 33015 Country: U.S.A.	Zip: 33015 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: 11-26-96

5. FEI Number: 650706053 ☐ 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: Ana Teresa Below.

Street Address (P.O. Box Number is Not Acceptable): 431 West 31 Pl. #

Suite, Apt. #, Etc.

City: Hialeah. Fl. 33012. State: FL Zip Code: 33012.

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: Ana Teresa Below Date: 11/17/2003
REGISTERED AGENT MUST SIGN

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
P.	Farah. BLANCO.	420 west 31 Place	Hialeah. Fl. 33012
V.P.	Ana teresa Below	431 West 31 Pl.	Hialeah. Fl. 33012.

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: Ana Teresa Below 11/17/2003 (305) 828-5395
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #