PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

į	APPLICATION
	FOR
F	REINSTATEMEN



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT	#	P97000016253
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1. Corporation Name

THE GOLDEN WAY, INC

Principal Place of Business

Mailing Address

1840 Wn49 ST-#510

1840 W 49 ST #510 HIALEAH FL 33012

HIALEAH FL 33012	HIALEAH FL 33012		
If above addresses are incorrect in any way, line	through incorrect information and enter correction below.		
P. New Principal Office Address, If Applicable	New Mailing Office Address, If Applicable	Date Incorporated or Qualified To Do Business in Florida 2/20/97	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number	Applied For
City & State	City & State	65-0731221	Not Applicable

Zip	Country	Zip	Cou	ntry	CERTIFICATE	E OF STATUS DESIRED TO STATUS DE STATUS DESIRED TO STATUS DESIRED TO STATUS DESIRED TO STATUS DE STATUS DESIRED TO STATUS DESIRED TO STATUS DESIRED TO STATUS DE S
7. Names	and Street Addresses of Each Officer and/	or Director (Flo	rida nonprofit corp	orations must list at lea	ast 3 directors)	
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director Use Post Office Box N		City / State / Zip 4
P	NICOLAS FIGUEROA		1840 W	49nST-#510		HIALEAH FL 33012
	,					
		,				
					80	100031024484 -01/19/0001045001
					80	*****300:00 ****300:00 100031024484 -01/19/0001045002
						****150.00 ****150.00
8. Name and Address of Current Registered Agent NICOLAS FIGUEROA 1840 W 49 ST # 510 HIALEAH FL 33012-				9. Name and A	ddress of New Registered Agent	
			Suite, Apt. #, Etc.		is Not Acceptable)	
			·	City		State Zip Code

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 ___1/6/00

FILED

00 JAN 18 PH 2: 42

SECRETARY OF STATE TALLAHASSEE FLORIDA

11. This corporation owes 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 filling 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

1/6/00

Daytime Phone t