PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED 01 FEB -9 PM 1: 06 SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # 1. Corporation Name GOLD LAKE Properties I INC 3. Mailing Office Address 2. Principal Office Address GOLD CAKE Properties I fac Suite, Apt. #, etc. Suite, Apt. #, etc. P.O. Box 11711 4. Date Incorporated or Qualified 2733 Ne 26+4 Ave To Do Business in Florida Ft. LAUDErDALE, FLOVIDA Applied:For= Ft. (Duperogle, Fl Not Applicable \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED 73306 USA for a Certificate of Status 7. Name and Address of Current Registered Agent Name ScOTT NOVACEK 000003743460--2 -02/20/01--01076--**1**41 Street Address (P.O. Box Number is Not Acceptable) 2733 Ne 26 + Ave ****600.00 ****600.00 Suite, Apt. #, Etc. City Ft. LAUDERDALE State 33306 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 Date _/2//8/67 Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Name of
Officers and/or Directors City / State / Zip Titles Officer and/or Director-2733 Ne 26 +# Ave Ft-Causeroule FC 33306 SCOTT NOVACER 1 CINDY NOVACER 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.

Mank Scott Novacon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-270-7878

12/18/00

Daytime Phone #

TO WHOM IT HAY CONCERN'S

Re: Gold Lake Properties I INC.

As per our telephone conversation,

We Never Received THE ANNUAL Report because

the Division of Corporations had our troorrect

Halling Address. We never received the Report

And we're unaware of the legart Filing. Requirement.

Attacken is THE REINSTAKEMENT APPLICATION

AND A CHECK for \$183,75

Scott Novaul

11 Correct Appress"

GOLD CAKE Properties I INC P.O. BOX 11711 Ft. LALDERDALE, FL 33339