PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
02 DEC 23 AM 8:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

00-02 was P97000078641

DOCUMENT #

1. Corporation Name
GOLDEN YEARS NEWS, INC
8130 BAYMEADOWS CIR W #307
JACKSONVILLE, FL 32256

000009701940
12/26/02--01073--023 **450.00

2. Principal Office Address	3. Mailing Office Address
8130 BAYMEADOWS CIR W	PO BOX 350926
Suite, Apt. #, etc. #307	Suite, Apt. #, etc.
City & State JACKSONVILLE FL	City & State JAX FL
Zip 32256 Country DUVAL	Zip 32235 Country DUVAL

4. Date Incorporated or Qualified To Do Business in Florida 09/10/97

5. FEI Number 59-3471357 ☑ 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: HELEN HYATT

Street Address (P.O. Box Number is Not Acceptable): 8130 BAYMEADOWS CIR W #307

Suite, Apt. #, Etc.:

City: JACKSONVILLE State: FL Zip Code: 32256

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: Helen Hyatt Date: 12/20/2002
REGISTERED AGENT MUST SIGN

CR2E031 (8/01)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	HELEN HYATT	8130 BAYMEADOWS CIR W #307	JACKSONVILLE FL 32256
	NO OTHER OFFICERS		

12/23

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.

904-739

SIGNATURE: Helen Hyatt 12/20/2002 1486
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #