2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000008806

1. Entity Name
GOLDEN PALMS CORP.

FILED
05 DEC 28 PM 2:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1417 NE 56 COURT FORT LAUDERDALE, FL 33334	1417 NE 56 COURT FORT LAUDERDALE, FL 33334

12212005 REIN-P CR2E098 (6/04)

2. Principal Place of Business	3. Mailing Address
7441 NW 8th ST.	534 Woodgate circle
Suite, Apt. #, etc.: Unit Bay E	Suite, Apt. #, etc.:
City & State: Miami Florida	City & State: Weston, Florida
Zip: 33126 Country: USA	Zip: 33326 Country: USA

4. FEI Number: 35-0815569 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GERMAN, MARIO D 100 E. SAMPLE RD. 320 POMPANO BEACH, FL 33064	Name Street Address (P.O. Box Not Acceptable): REINSTATEMENT 05 City T. Roberts DEC 28 05 FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After January 1, 2006, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPST SCHISKIN, ANTONIO 1417 NE 56 COURT FT. LAUDERDALE, FL 33334	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Antonio S. Schiskin 534 Woodgate circle Weston FL 33326	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Second Director Eva Katrin Schiskin 534 Woodgate circle Weston FL 33326	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	300005244121 3 12/28/05--01045--008 **150.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] ANTONIO SCHISKIN 12/23/05 954 245-9300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #