

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 JUN -8 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **p98000029965**

1. Corporation Name

GOLDEN GATE CORPORATION
4000 Towerside Terrace, #605
Miami, FL 33130

1000004474764--6
-07/13/01--01076--018
******908.75 ****908.75**

2. Principal Office Address

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 00-01

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

Applied For

65 0839563

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

FRANCESCA GOLDEN

Street Address (P.O. Box Number is Not Acceptable)

4000 TOWERSIDE TER. #605

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33138

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

FRANCESCA GOLDEN

REGISTERED AGENT MUST SIGN

Date

03-05-2001

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
President	Abraham Golden	4000 Towerside Ter.	Miami, FL 33138
V. Pr.	FRANCESCA GOLDEN	4000 Towerside Ter.	Miami, FL 33138

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

03-05-2001

Daytime Phone #