

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 DEC 20 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000052474

1. Corporation Name

GOLDEN FINGERS, INC.

Principal Place of Business

1000 W. WATERS AVENUE
TAMPA FL 33614

Mailing Address

1000 W. WATERS AVENUE
TAMPA FL 33614

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

7117 N. ARMENIA

Suite, Apt. #, etc.

SUITE A

City & State

TAMPA FL

Zip

33604

Country

3. New Mailing Office Address, If Applicable

4023 W. ALVA ST

Suite, Apt. #, etc.

SUITE 2

City & State

TAMPA FL

Zip

33614

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/11/1998

5. FEI Number

59-3527902

Applied For

Not

6.

CERTIFICATE OF STATUS DESIRED

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	GARCIA, LUIS	5420 FRAIRSWAY DRIVE	TAMPA FL 33624
			888883087528-2 -01/04/00-01084-003 ****750.00 ****750.00

REINSTATEMENT 99 TS

8. Name and Address of Current Registered Agent

FILINGS, INC.

3732 N.W. 16TH STREET
FT. LAUDERDALE FL 33311-4132

9. Name and Address of New Registered Agent

Name

ROGER O. MILLS, P.A.

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

304 S. ALBANY AVE.

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33606

10. 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

Roger O. Mills

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

12/15/99

11. 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 furnished on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE REQUIRED
LUIS GARCIA PRES.

12-17-99

Date

813 870 1092

Daytime Phone #