

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

Mailing Address

1000 W. WATERS AVENUE  
TAMPA FL 33614

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

3. New Mailing Office Address, If Applicable

4023 W. ALVA ST

Suite, Apt. #, etc.

SUITE A

Suite, Apt. #, etc.

SUITE 2

City & State

TAMPA FL

City & State

TAMPA FL

Zip

33604

Country

Zip

33614

Country

4. Date Incorporated or Qualified To Do Business in Florida

06/11/1998

5. FEI Number

59-3527902

Applied For

Not Applicable

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	GARCIA, LUIS	5420 FRAIRSWAY DRIVE	TAMPA FL 33624

800003087528-2  
-01/04/00--01064--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: *Luis Garcia* SIGNATURE REQUIRED PRES. LUIS GARCIA  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-17-99 Date 813 870 1092 Daytime Phone #