

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

00 MAY -3 AM 9:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000088676

1. Corporation Name

GOLDEN STABLES, INC.

Principal Place of Business

Mailing Address

150 WEST FLAGLER STREET 27TH FLOOR  
MIAMI FL 33130

150 WEST FLAGLER STREET 27TH FLOOR  
MIAMI FL 33130

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

2. New Principal Office Address, If Applicable  
1092 SCARLET OAK ST.

3. New Mailing Office Address, If Applicable  
1092 SCARLET OAK ST.

4. Date Incorporated or Qualified  
To Do Business in Florida

10/16/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State  
HOLLYWOOD, FL

City & State  
HOLLYWOOD, FL

65-0940774

Not Applicable

Zip 33019 Country U.S.A.

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6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	FRATINI, GIULIANO	150 WEST FLAGLER STREET 27TH FL 1092 SCARLET OAK ST.	MIAMI FL 33130 HOLLYWOOD, FL 33019
ST	SAVINI, LUISA	150 WEST FLAGLER STREET 27TH FL 1092 SCARLET OAK ST.	MIAMI FL 33130 HOLLYWOOD, FL 33019

8. Name and Address of Current Registered Agent

MELONI, EDOARDO  
150 WEST FLAGLER STREET 27TH FLOOR  
MIAMI FL 33130

9. Name and Address of New Registered Agent

Name ALAN MILLER, CPA  
C/O MARIN, POWELL, MILLER & CO.  
Street Address (P.O. Box Number is Not Acceptable)  
1800 N.E. 171ST  
Suite, Apt. #, Etc.  
City N. MIAMI BEACH State FL Zip Code 33162

10. I, being appointed the registered agent of the above corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

BY: SIGNATURE REQUIRED

Date

5/1/00

REGISTERED AGENT MUST SIGN

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

KE

SIGNATURE:

SIGNATURE REQUIRED  
FRATINI, GIULIANO

DEC 30, 1999

Date

(858) 509-0599

Daytime Phone #