


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P99000013025			
1. Corporation Name GOLDEN STAR OF CENTRAL FLORIDA, INC.			
2. Principal Office Address 1801 Tatum Boulevard Suite, Apt. #, etc.		3. Mailing Office Address same Suite, Apt. #, etc.	
City & State New Smyrna Beach, Florida		City & State	
Zip 32168	Country U.S.A.	Zip	Country

FILED
04 DEC -1 AM 10:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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12/06/04--01015--005 **1058.75

REINSTATEMENT 02-04

4. Date Incorporated or Qualified To Do Business in Florida 2/8/99	
5. FEI Number 59-3556634	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$875 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name DAVID W. McCALLISTER		
Street Address (P.O. Box Number is Not Acceptable) 1801 Tatum Boulevard		
Suite, Apt. #, Etc.		
City New Smyrna Beach	State FL	Zip Code 32168

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** David W. McCallister
REGISTERED AGENT MUST SIGN

Date 11/29/04

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
P/S/T/ D	DAVID W. McCALLISTER	1801 Tatum Boulevard	New Smyrna Beach FL 32168

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: David W. McCallister
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/29/04 386-428-2726
Date Daytime Phone #

CR2E081 (9/00)