

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 APR -2 PM 3:41

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # S39892

1. Corporation Name

DONALD A. GOLDEN, P.A.

Principal Place of Business

Mailing Address

11755 S.W. 62nd Avenue 11755 S.W. 62nd Avenue
Miami, Florida 33156 Miami, Florida 33156

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

REINSTATEMENT 95-97

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

03/20/91

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0254784

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	Golden, Donald A.	11755 S.W. 62nd Avenue Miami, Florida 33156	Miami, Florida 33156

200002134402-1
-04/04/97--01120--004
***1080.00 ***1080.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Golden, Donald A.
11755 S.W. 62nd Avenue
Miami, Florida 33156

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

[Handwritten Signature]
REGISTERED AGENT MUST SIGN

Date

03/31/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. 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.

DONALD A. GOLDEN, DIRECTOR

SIGNATURE:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

03/31/97 305 667 2844
Daytime Phone #

CR2E040 (12/96)