PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR 08/99 REINSTATEMENT

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

DOCUMENT # 541204

1. Corporation Name

GOLDEN PLAZA CORPORATION

Principal Place of Business

8190 W. FLAGLER ST.
MIAMI - FL 33144

Mailing Address

1 ALHAMBRA CIRCLE
305
CORAL GABLES - FL 33134

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc

City & State

Zip | Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc

City & State

Zip | Country

REINSTATEMENT 07-06

4. Date Incorporated or Qualified To Do Business in Florida: 03/25/91

5. FEI Number: 65-0251936 | Applied For | Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRESIDEN	YVETTE LEON	1 ALHAMBRA CIRCLE # 305 CORAL GABLES - FL 33134	CORAL GABLES, FL 33134
VICE PRESIDENT	SALOMON KUBE	1 ALHAMBRA CIRCLE #305 CORAL GABLES - FL 33134	CORAL GABLES FL 33134
SECRETARY	REYNALDO KUBE	1 ALHAMBRA CIRCLE #305 CORAL GABLES - FL 33134	CORAL GABLES, FL 33134

000002836860--3
-04/12/99--01132--016
****900.00 ****900.00

8. Name and Address of Current Registered Agent

ELIZABETH MONILLO
1 ALHAMBRA CIRCLE #305
CORAL GABLES - FL 33134

9. Name and Address of New Registered Agent

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: [signature] REGISTERED AGENT MUST SIGN

Date: 2/3/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. 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.

SIGNATURE: [signature] YVETTE LEON — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/99 Date

(305)5671949 Daytime Phone #

CR2E064 (1-98)