

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 APR 21 PM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S75647**

1. Corporation Name

Golden Leaf Management, Inc.
3300 PGA Boulevard, Suite 330
Palm Beach Gardens, FL 33410

2. Principal Office Address

3300 PGA Blvd

Suite, Apt. #, etc.

Suite 330

City & State

Palm Beach Gardens

Zip

FL 33410

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

91-00

**4. Date Incorporated or Qualified
To Do Business in Florida**

Aug 1991

5. FEI Number

650283525

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

Theresa B. Cleveland

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

2826 Bayonne Drive

Suite, Apt. #, Etc.

City

Palm Beach Gardens

State

FL

***808.75

33410

****908.75

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

Theresa B Cleveland

REGISTERED AGENT MUST SIGN

Date **4/20/00**

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
C	Robert M. Becht	12971 LaRocheville Cir	Palm Beach Gardens, FL 33410
P	Rob J. Becht	123 Sandfine Drive	Jupiter, FL 33477
S	Theresa B Cleveland	2826 Bayonne Drive	Palm Beach Gardens, FL 33410

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:

Theresa B Cleveland

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/00 561-627-2550

Date

Daytime Phone #

CR2E081 (9/99)