

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 JAN -3 PM 3:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S84033

1. Corporation Name

GOLDEN NUGGET HOTEL, INC.

Principal Place of Business

18555 COLLINS AVE.
MIAMI BEACH FL 33160

Mailing Address

18001 COLLINS AVE
MIAMI BCH FL 33160

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 1999

4. Date Incorporated or Qualified
To Do Business in Florida

10/01/1991

5. FEI Number

65-0288016

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City & State
D	MORALES, GERMAN	18001 COLLINS AVE	MIAMI BEACH FL 33160
D	RIASCOS, ALVARO	18555 COLLINS AVE.	MIAMI BEACH FL 33160
D	SARAMIENTO, GUILLERMO	18555 COLLINS AVE.	MIAMI BEACH FL 33160
D	DE MEDINA, OFELIA	18555 COLLINS AVE.	MIAMI BEACH FL 33160
D	CARO, EDMUNDO	18555 COLLINS AVE.	MIAMI BEACH FL 33160
D	MEDINA, JESUS	18555 COLLINS AVE.	MIAMI BEACH FL 33160

8. Name and Address of Current Registered Agent

BROWN, GARY L EBO
20803 BISCAYNE BLVD
SUITE 200
VENTURA FL 33180

CANCELLED

9. Name and Address of New Registered Agent

Name

GERMAN MORALES JR.

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

% The Gemini Group, Inc.

Suite, Apt. #, Etc.

3848 N. CIRCLE DR.

City

Hollywood

State

FL

Zip Code

33021

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 REQUIRED
REGISTERED AGENT MUST SIGN

Date December 20, 1999

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/6/99

Date

305-932-1800

Daytime Phone #

CR2C40 (8/99)