


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
12 APR 25 AM 10:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V09245
1. Corporation Name Golden Fuel, Inc.

2. Principal Office Address - No P.O. Box # <u>11401 Winn Rd.</u>		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Riverview, FL.</u>		City & State	
Zip	Country	Zip	Country
<u>Hillsborough</u>			

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida 04/89

5. FEI Number 59 310 6553 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 William A. Bickert

Street Address (P.O. Box Number is Not Acceptable)
11401 Winn Rd.

Suite, Apt. #, Etc.

City Riverview State FL Zip Code 33569

900215678309
12/30/11--01023--005 **758.75

900231181529
04/24/12--01025--004 **291.25

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 [Signature] Date 4/23/12

REGISTERED AGENT MUST SIGN

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
UP	William A. Bickert	133 White Horse Pike M. Uville, PA. 17846	Millville, PA. 17846
Sec/Treas.	Daniel W. Bickert	11401 Winn Rd Riverview	Riverview, FL. 33569

REINSTATEMENT 2010-12 Due 110500

S. HAWKES
APR - 2012
EXAMINER

10. E-mail Address: bbickert10@hotmail.com
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: [Signature] William A. Bickert 4/23/12 803 917 1705
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #