


# 2004 FOR PROFIT CORPORATION REINSTATEMENT

|   |  |   |
|---|--|---|
| DOCUMENT # V40684                             |  |  |
| 1. Entity Name<br>THE GOLDEN ANCHOR INN, INC. |  |   |

FILED  
04 DEC -1 PM 3:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|  |  |
|--|--|
| Principal Place of Business<br>5150 TIMUQUANA ROAD<br>JACKSONVILLE, FL 32244 | Mailing Address<br>5150 TIMUQUANA ROAD<br>SUITE 15<br>JACKSONVILLE, FL 32244 |
|--|--|



|   |   |
|---|---|
| 2. Principal Place of Business<br>5150 Timuquana Rd<br>Suite, Apt. #, etc.<br>#15 | 3. Mailing Address<br>5150 Timuquana Rd<br>Suite, Apt. #, etc.<br>#15 |
|---|---|

11182004 REIN-P CR2E098 (6/04)

|                                   |                                   |
|-----------------------------------|-----------------------------------|
| City & State<br>Jacksonville, Fl. | City & State<br>Jacksonville, Fl. |
| Zip<br>32244                      | Zip<br>32244                      |
| Country<br>U.S.A.                 | Country<br>U.S.A.                 |

|                             |  |
|-----------------------------|--|
| 4. FEI Number<br>59-3126680 | Applied For<br><input type="checkbox"/> Not Applicable |
|-----------------------------|--|

|   |                                |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br><br>POPPELL, ROBERT M.<br>5104 BLACKBURN ROAD<br>JACKSONVILLE, FL 32210 |  |
|--|--|

|  |             |
|--|-------------|
| 7. Name and Address of New Registered Agent        |             |
| Name   |             |
| Street Address (P.O. Box Number is Not Acceptable) |             |
| City   | FL Zip Code |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Robert M. Poppel (NOTE: Registered Agent signature required when reinstating) DATE: 11/19/04

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|--|
| FILE NOW!!! FEE IS \$750.00<br>After January 1, 2005, Fee will be \$900.00 |
|--|

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>GARZA, DEBORAH A<br>5197 BROKEN ARROW DR N<br>JACKSONVILLE, FL 32244 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>700043101507<br>12/01/04--01049--003 **150.00 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>POPPELL, DEBORAH ANNE<br>5197 BROKEN ARROW GARZA<br>JACKSONVILLE, FL <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Deborah Garza (Tish) DATE: 11/17/04 904-777-1257  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dear State Dept of Corporations,

I received your letter of dissolution and am very sorry I am late filing, but I never received the paperwork from you.

Here is my \$1,500.00  
and the form to  
reinstatement.

Thank you,

Dorothy Long

Here are 2 witnesses to  
the mix up in not  
receiving the forms.

Wylie Byrd - Accountant -  
Wylie Byrd 904-389-1006

John A. Mack - Business  
John A. Mack Manager  
904-771-8387