

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 JUN -6 AM 10:38

DOCUMENT # L0200008618  
1. Limited Liability Company's Name  
GOES-FLORIDA, LLC

REINSTATEMENT 03-05

2. Principal Office Address  
2075 Hi A1A  
Suite, Apt. #, etc. 2601  
City & State FLORIDA  
INDIAN HARBOUR BEACH  
Zip 32937 Country US

3. Mailing Office Address  
P.O. Box 272776  
Suite, Apt. #, etc.  
City & State FT COLLINS CO  
Zip 80527 Country US

4. State/Country of Formation  
FLORIDA

5. Date Organized or Qualified To Do Business in Florida  
APR 15, 2002

6. FEI Number  
494-44-1392

7. CERTIFICATE OF STATUS DESIRED  \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name LEON F GOESON Leon Goeson  
Street Address (P.O. Box Number is Not Acceptable) 2075 Hi A1A 2075 highway A1A #2601  
Suite, Apt. #, Etc. 2601 IHB Florida 32937  
City INDIAN HARBOUR BEACH State FL Zip Code 32937

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent [Signature] Date 5/27/05  
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<u>MEM</u>	<u>LEON F. GOESON</u>	<u>Leon Goeson 2075 highway A1A #2601 IHB Florida 32937</u>	

06/06/05--01055--010 \*\*255.00

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager [Signature] Date 5/27/05 Daytime Phone # H 321-7792743  
C 719-3394865  
Typed or printed name of signing Managing Member/Manager LEON F GOESON

CR2501 (10/02)