

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Glenda E. Hood**  
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 DEC -8 PM 12: 50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P02000134190**

1. Corporation Name

**GOODFRIEND OF SOUTH FLORIDA, INC.**

Principal Place of Business

Mailing Address

1108 SW IMPERIAL DRIVE  
PALM CITY FL 34990

1108 SW IMPERIAL DRIVE  
PALM CITY FL 34990



**REINSTATEMENT 03**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

12/20/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

37-1457214

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 / Zip
D	GOODFRIEND, CLIFFORD A	1108 SW IMPERIAL DRIVE	PALM CITY FL 34990
			000025329920 12/08/03--01081--007 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GOODFRIEND, CLIFFORD A  
1108 SW IMPERIAL DRIVE  
PALM CITY FL 34990

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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. or 617.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

11/2/03

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

Date

11/2/03

Daytime Phone #

CR2E040 (7/03)

  
DOUBLETREE  
HOTELS-SUITES-RESORTS-CLUBS  
1-800-222-TREE

12-2-03

To Whom it may Concern:

I spoke with your office today & was advised to send this note to you. I have been away for a few months & never received any mail regarding this issue. Therefore I'm sending in the \$150<sup>00</sup> fee due & understand that the penalty fee will then be waived.

Thank you.

Cliff Goodfriend