

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

FLORIDA DEPARTMENT OF STATE  
**CORPORATION REINSTATEMENT**  
 Jim Smith  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**  
 04 JAN -9 AM 10:33  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT #** 799000017623  
 1. Corporation Name  
**Goodstart Corporation**

2. Principal Office Address  
**991 SW 71ST Avenue**  
 Suite, Apt. #, etc.

3. Mailing Office Address  
 Suite, Apt. #, etc.

City & State  
**North Lauderdale, FL**

Zip Country Zip Country  
**33068 United States**

**REINSTATEMENT 01-03**

4. Date Incorporated or Qualified To Do Business in Florida **2/23/1999**  
 5. FEI Number **65-0921900** Applied For Not Applicable  
 6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

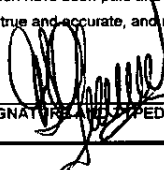
7. Name and Address of Current Registered Agent  
 Name **FABIAN QUESADA**  
 Street Address (P.O. Box Number is Not Acceptable) **991 SW 71ST AVENUE** **900026608519**  
 Suite, Apt. #, Etc. **01/09/04--01048--015 \*\*1077.00**  
 City **NORTH LAUDERDALE** State **FL** Zip Code **33068**

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 \_\_\_\_\_ REGISTERED AGENT MUST SIGN \_\_\_\_\_ Date \_\_\_\_\_

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 / Street / Zip
<b>PRES</b>	<b>FABIAN QUESADA</b>	<b>991 SW 71ST AVENUE</b>	<b>NO. LAUDERDALE FL 33068</b>

10. 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:**  **Fabian Quesada** **12/26/03** **(954) 720-8473**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*Handwritten mark*