

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **99000091583**

1. Corporation Name

GOLDSRING, INC.

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FILED

03 NOV 14 PM 12:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

3. Date Incorporated or Qualified 10/19/1999 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address

11 8585 East Hartford Drive

26

4. FEI Number

65-0955118

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

22 Suite 400

27

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

City & State

City & State

23 Scottsdale, AZ

28

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

Zip County

Zip County

24 85255

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

Corporate Creations Network Inc.

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

11380 Prosperity Farms Road #221E

83

84 City Palm Beach Gardens FL

85 Zip Code 33410

11. Pursuant to the provisions of Sections 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.009, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME Rob Fabre ☐ DELETE
STREET ADDRESS 8585 East Hartford Drive, Suite 400
CITY-ST-ZIP Scottsdale, AZ 85255

TITLE NAME ☐ DELETE
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ DELETE
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ DELETE
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TITLE NAME ☐ DELETE
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ DELETE
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP 000024918840
11/27/03--01019--029 **150.00

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13, or on attachment with an address.

SIGNATURE

Rob Fabre, Director by E.S. Davila as attorney-in-fact 11/11/2003 305-672-0686

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: GOLDSRING, INC.

Enclosed are the following:

1. Uniform Business Report for the company referenced above.
2. 150.00 check payable to Florida Department of State

We never received the Uniform Business Report that should have been mailed to us. Please waive the late filing fee and treat the company as never being administratively dissolved. Thank you.

By: E. Davila
by E.S. Davila as attorney-in-fact

Name: Rob Fabre

Title: Director

Date: 11/11/03