

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUN 19 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 162697

1. Corporation Name

I.J. GOODMAN, INC.

2. Principal Office Address

110 LOBLOLLEY REACH

Suite, Apt. #, etc.

City & State

VERO BEACH, FL.

Zip

32963

Country

USA

3. Mailing Office Address

SAMES

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

8/21/1950

5. FEI Number

042224864

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

STANLEY MANDEL CPA

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

20341 OLD CUTLER ROAD

Suite, Apt. #, Etc.

A

City

MIAMI

State

FL

Zip Code

33189

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

[Signature]

Date

6/16/03

REGISTERED AGENT MUST SIGN

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 / State / Zip
PRES.	DONALD GOODKIN	110 LOBLOLLEY REACH	VERO BEACH, FL. 32963
			200021014572

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6 18 03

Daytime Phone #

772 532 4270

CR2081 (10/02)

112

2/2

**I. J. Goodman, Inc.
110 Loblolly Reach
Vero Beach, Florida 32963**

Florida Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

Re: Reinstatement of I. J. Goodman, Inc.

Dear Sirs:

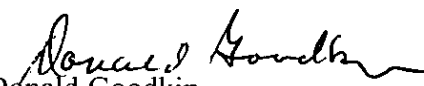
Attached please find a completed Florida Corporate Reinstatement Form and a check payable to the Division of Corporations for \$750.00

Please be aware that I have not included the \$600 reinstatement fee amount in the attached check, because I have never received the standard Annual Uniform Business Report Form.

The address listed in the Division of Corporation's records, 3640 Yacht Club Drive Suite 601 North Miami, Florida 33180, was the address of Morris Goodkin. Mr. Goodkin (my farther) was the Corporation's former officer and sole shareholder. He died on October 25, 1998. Although I did have his mailed forwarded to my home (which at the time was in California) I never received the Annual Uniform Business Report Form. I was not even aware of that there was an annual filing requirement.

I believe that, based upon the facts and circumstances explained in the previous paragraph, that I qualify for the waiver of the reinstatement fee. Therefore, I request that you process the attached application, the payment for all the unpaid fees, and reinstate the corporation, effectively immediately.

Sincerely,


Donald Goodkin,
President



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032
REFERENCE : 138443 7106081
AUTHORIZATION : *Patricia Pizutto*
COST LIMIT : \$ 750.00

ORDER DATE : June 19, 2003
ORDER TIME : 10:13 AM
ORDER NO. : 138443-005
CUSTOMER NO: 7106081
CUSTOMER: Ms. Brenda Delay
Stanley J. Mandel, Cpa
Suite A
20341 Old Cutler Road
Miami, FL 33189

DOMESTIC FILINGS

NAME: I.J. GOODMAN, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight EX 1156
EXAMINER'S INITIALS _____

RECEIVED
03 JUN 19 AM 11:54
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA