

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV 14 AM 9:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 277791

1. Corporation Name

GODDLAND, INC.

**REINSTATEMENT 01-03**

800024654848  
11/14/03--01005--009 \*\*1050.00

2. Principal Office Address 40 GIBROLTAR BANK Suite, Apt. #, etc. 220 ALHAMBRA CIRCLE		3. Mailing Office Address 40 GIBROLTAR BANK Suite, Apt. #, etc. 220 ALHAMBRA CIRCLE #800	
City & State CORAL GABLES FL 33134		City & State CORAL GABLES FL	
Zip 33134-5101	Country USA	Zip 33134-5101	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 1/23/64	
5. FEI Number 59-1090152	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name MICHAEL W HILL	
Street Address (P.O. Box Number is Not Acceptable) 40 GIBROLTAR BANK	
Suite, Apt. #, Etc. 220 ALHAMBRA CIRCLE # 800	
City CORAL GABLES, FL	State FL
	Zip Code 33134-5101

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 11-7-03

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
P/D	ROSE MOMPIE	1048 S.W. 2ND ST	HALLANDALE, FL 33009
T/S	MICHAEL W. HILL	220 ALHAMBRA CIRCLE #800	CORAL GABLES FL 33134

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 SECRETARY Date 11-7-03 Daytime Phone # 305-476-5612

CR2E081 (10/02)