

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

W08-46232

FILED

08 OCT 16 AM 8:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 750624

1. Corporation Name

Good Fellowship Holding Co. Inc.

100136674141  
10/22/08--01034--002 \*\*\$1.25

100136674141  
10/06/08--01061--015 \*\*\$428.75

2. Principal Office Address - No P.O. Box #

12831 SW 10<sup>th</sup> CT

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Davie, FL

City & State

Zip

33325

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. EEI Number

59-2117675

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

Dennis J Mitchell

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

7618 NW 72 Ave

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33321

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

Dennis J Mitchell

Date 9/22/08

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
P	John R. Leisenring	1500 NW N River Dr.	Miami, FL 33125
VP/Co	Dale A. Spear	12831 SW 10 <sup>th</sup> CT	Davie, FL 33325
VP/Fin	Byron C. Smith	12550 SW 124 <sup>th</sup> Ave	Miami, FL 33032

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 contained in Chapter 119, 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:

JOHN R. LEISENRING  
John R. Leisenring

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/25/08

Date

954-934-6528

Daytime Phone #

9/25/08