

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 JAN 14 AM 9:23

DOCUMENT # F00000002661

1. Corporation Name

GO GODDESS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

4975 SW 85TH STREET
MIAMI FL 33143

Mailing Address

4975 SW 85TH STREET
MIAMI FL 33143



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/11/2000

5. FEI Number

65-0718880

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
CP	WERNER, KELLEY	4975 SW 85TH STREET	MIAMI FL 33143
DT	BERKOWITZ, ELAINE	4975 SW 85TH STREET	MIAMI FL 33143
DS	ROBLES, RUTH	4975 SW 85TH STREET	MIAMI FL 33143

900010098609
01/14/03--01111--001 **300.00

8. Name and Address of Current Registered Agent

WERNER, KELLEY
4975 SW 85TH STREET
MIAMI FL 33143

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 1/2/03

11. 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

1/2/03 305-662-6167
Date Daytime Phone #

CR2E040 (8/02)



1/7/03

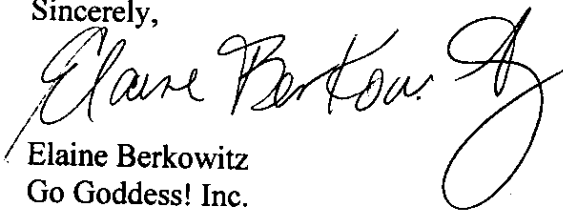
The Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee FL 32314

RE: FEI # 65-0718880

To whom it may concern,

This is to notify you that Go Goddess! Inc. never received an application for reinstatement in the year 2002. Therefore, all late fees should be waived.

Sincerely,


Elaine Berkowitz
Go Goddess! Inc.