

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **FA5000002LP95**

1. Corporation Name

GOLD RING INVESTMENTS, INC.

92 FEB 15 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**2924 Longleaf Woods
Sarasota, FL 34235**

Mailing Address
**18-00 Fair Lawn Avenue
Suite 105
Fair Lawn, NJ 07410**

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

2. New Principal Office Address, If Applicable
2924 Longleaf Woods
Suite, Apt. #, etc

3. New Mailing Office Address, If Applicable
18-00 Fair Lawn Avenue
Suite, Apt. #, etc

City & State
Sarasota, Florida

Zip Country
34235 USA

City & State
Fair Lawn, New Jersey

Zip Country
07410 USA

REINSTATEMENT *90-99*

4. Date Incorporated or Qualified
To Do Business in Florida

June 6, 1995

5. FEI Number
22-2487795

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)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
Chairman	John Santomenno	8 Cedar Court	Palm Coast, FL 32135
Treas. Secr.	Rocco R. Santomenno	18-00 Fair Lawn Ave Suite 105	Fair Lawn, NJ 07410

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-02/19/99--01065--002
***1208.75 ***1208.75

8. Name and Address of Current Registered Agent

**John Santomenno
8 Cedar Court
Palm Coast, Florida 32135**

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc
City
State Zip Code
FL

2-17-99

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.

Signature of
Registered Agent *John Santomenno*

REGISTERED AGENT MUST SIGN

Date **2/9/99**

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax)

12. 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:

John Santomenno

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN SANTOMENNO

Date **2/9/99**

800-513-7962

Daytime Phone #

CS2E061 (12-98)