

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F95000005112\*

1. Corporation Name

GOODE ENGINEERING CORPORATION

Principal Place of Business

Mailing Address

~~2501 27TH AVE  
UNIT 14  
VERO BEACH FL 32960  
US~~

~~PO BOX 3882  
VERO BEACH FL 32964  
US~~

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

2. New Principal Office Address, If Applicable

☒ 1365 Park Lane South

3. New Mailing Office Address, If Applicable

☒ 1365 Park Lane South

Suite, Apt. #, etc.  
North Wing

Suite, Apt. #, etc.  
North Wing

City & State  
Jupiter, FL 33458

City & State  
Jupiter, FL 33458

Zip 33458 Country USA

Zip 33458 Country USA

4. Date Incorporated or Qualified  
To Do Business in Florida

10/19/1995

5. FEI Number

38-2512601

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ XX

\$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
PDST	ROBINSON, BARBARA	2311 VICTORY BLVD	VERO BEACH FL 32960
C	GOODE, PAUL J	8775 W. ORCHID ISLAND CIRCLE #10	VERO BEACH FL 32963
PDST	Weaver, Ronald J.	1365 Park Lane South	Jupiter, FL 33458
			500004706255--4 -12/05/01--01057--020 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~ROBINSON, BARBARA  
2311 VICTORY BLVD  
VERO BEACH FL 32960~~

Name  
Ronald J. Weaver

Street Address (P.O. Box Number is Not Acceptable)  
1365 Park Lane South

Suite, Apt. #, Etc.

City  
Jupiter,

State  
FL

Zip Code  
33458

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

*Ronald J. Weaver*  
Ronald J. Weaver

Date

12-14-01

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)(f), 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:

*Ronald J. Weaver*  
Ronald J. Weaver

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-14-01 561-575-1905

Daytime Phone # ext 402