PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE CORPORATION Secretary of State 2005 oct-3 PH 4: 48 REINSTATEMENT DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # F 98000005127 Going South Investment Company LTD. 01-05 2. Principal Office Address 3. Mailing Office Address 10766 Blackhawk St. Suite, Apt. #, etc. same Suite, Apt. #, etc. Date Incorporated or Qualified To Do Business in Florida City & State 5. FEI Number Applied For 650847541 Not Applicable Country S8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED 🔲 for a Certificate of Status 7. Name and Address of Current Registered Agent David J. Aube Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc State Zip Code 33324 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 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip 10766 Black hawk st. Plantatim, FL 33324 bavid J. Aubel PResident * Sole officer and PIRECTOR * 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 filling 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

David J. Aubel

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE AND TOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: