

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

00 NOV 20 AM 9:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F98000006209

**1. Corporation Name**

DOUG GODWIN ENTERPRISES, INC.  
P.O. BOX 1167  
TIFTON GA 31793

**2. Principal Office Address**

1603 HWY 41 N.

Suite, Apt. #, etc.

City & State

TIFTON GA

Zip

31794

Country

U.S.

**3. Mailing Office Address**

P.O. BOX 1167

Suite, Apt. #, etc.

City & State

TIFTON GA

Zip

31793

Country

U.S.

**4. Date Incorporated or Qualified  
To Do Business in Florida**

11-20-00

**5. FEI Number**

58-2094741

☐ 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

CT CORPORATION SYSTEM

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

1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City

PICATONNEAU

State

FL

Zip Code

33324

6000003428876-7  
-11/29/00--01074--005  
\*\*\*\*300.00 \*\*\*\*300.00

**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

Connie Bryan

CONNIE BRYAN

SPECIAL ASSISTANT SECRETARY

Date

11-20-00

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	DOUG GODWIN	310 PATAULA RD	CHULA GA 31733
TS	SONYA GODWIN	310 PATAULA RD	CHULA GA 31732

**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 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

11-20-00

Date

(922) 387-9696

Daytime Phone #

CR2E081 (9/99)