

FILED



15 JAN 5 PM 4:05

SECRETARY OF STATE
GALLAHUSSEE, FLORIDA

1. Corporation Name:

GOS International Distributots Inc

2. Principal Office Address - No P.O. Box #

3. Mailing Office Address

139 33 Avenue South

139 33 Avenue South

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Jacksonville Beach FL 32250

Jacksonville Beach FL

Zip 32250

Country
USA

Zip
32250

Country
USA

7. Name and Address of Current Registered Agent

Name _____

Gonzalo Oliva

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

139 33 Avenue South

Suite, Apt. #, Etc.

City **Jacksonville Beach**

State	Zip Code
FL	32250

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

GONZALO OLIVA

Date 12.30.2014

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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	Gonzalo Oliva	139 33 Avenue South	Jacksonville Beach FL 32250
T	Gonzalo Oliva	139 33 Avenue South	Jacksonville Beach FL 32250
S	Gonzalo Oliva	139 33 Avenue South	Jacksonville Beach FL 32250
			S. HAWKES
			JAN - 6 A.M.
			EXAMINER

10. **E-mail Address:** gonzalo@gos-wines.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

GONZALO OLIVA

Date 10/30/71 Daytime Phone #



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 27, 2015

GOS INTERNATIONAL DISTRIBUTORS, INC
139 33 AVENUE SOUTH
JACKSONVILLE, FL 32250

SUBJECT: GOS INTERNATIONAL DISTRIBUTORS, INC.
Ref. Number: K61294

We have received your document for GOS INTERNATIONAL DISTRIBUTORS, INC. and your check(s) totaling \$750.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Because your reinstatement was not completed in time for you to receive a annual report form, we must collect the fee(s) due for the current calendar year. Therefore, the total amount due to reinstate the entity is \$900.00.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 515A00000172