

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

FLORIDA DEPARTMENT OF STATE
CORPORATION REINSTATEMENT
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 20 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000014585

1. Corporation Name

GGODBRAND ENTERPRISES, LLC

2. Principal Office Address

201 WOODLAND RD

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

LAKE WORTH, FL

Zip

Country

33461

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

8/28/2001

5. FEI Number

65-1132571

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

KAREN RODGERS

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

201 WOODLAND RD

Suite, Apt. #, Etc.

City

LAKE WORTH

State

FL

Zip Code

33461

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

Karen Rodgers
REGISTERED AGENT MUST SIGN

Date

4/9/04

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 / Street / Zip
MGMBR	DONALD GOODBRAND	201 WOODLAND RD	LAKE WORTH, FL 33461
			900033203989 04/20/04--01079--001 **150.00
			04/20/04--01079--001 **150.00
			900033203989 04/20/04--01079--002 **50.00

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:

Donald Goodbrand
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/04
Date

Daytime Phone #