

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 OCT 24 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L58697

1. Corporation Name

GO FOR IT BROKERAGE INC.

Principal Place of Business

Mailing Address

P.O. BOX 14610

BRADENTON FL 34280-4610

P.O. BOX 14610

BRADENTON FL 34280-4610

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/20/1990

5. FEI Number

65-0183675

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	SHEFFIELD, DONALD R	7719 24TH AVENUE WEST	BRADENTON FL 34208

700008551097
10/23/02--01091--011 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MATTHEWS, TERRENCE
5190 26TH STREET WEST., STE D
BRADENTON FL

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Terrence Matthews
Donald R. Sheffield
REGISTERED AGENT MUST SIGN

Date

10/20/02

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)(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 R. Sheffield
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/20/02

Daytime Phone #

CR2040 (8/02)

**GO FOR IT BROKERAGE, INC.
1125 MALLORCA DR.
BRADENTON, FL. 34209**

**FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
ANNUAL REPORT/REINSTATEMENT SECTION
BOX 6327
TALLAHASSEE, FL. 32314-6327**

RE: INSTATEMENT

DEAR SIRs:

**I HAVE WRITTEN TO YOU ALREADY ONCE THIS YEAR LETTING YOU
KNOW WE HAD A CHANGE OF ADDRESS AND STILL ALL THE FORMS
ARE GOING TO OUR OLD ADDRESS.**

**I DID NOT RECEIVE MY CORPORATE RENEWAL FORMS AND SO I
COULD NOT SEND THEM IN ON A TIMELY BASIS.**

**PLEASE RENEW THIS COPRPORATION SINCE I COULD NOT DO IT
WITHIN THE ALLOTTED TIME FRAME.**

SINCERELY.

A handwritten signature in cursive script that reads "Donald R. Sheffield". The signature is written in dark ink and is positioned above the printed name and title.

**DONALD R. SHEFFIELD
PRESIDENT/OWNER**