PLEASE READ	ALL INSTRUCTIONS	BEFORE C	OMPLETING THIS FORM:	
APPLICATION FOR 94-9	FLORIDA DEPARTMEN Sandra B. Mort Secretary of S	NT OF STATE tham state	FILED	
REINSTATEMENT	DIVISION OF CORPOR	RATIONS	96 DEC 31 PM 3: 24	
DOCUMENT # M 22662			SECRETARY OF STATE	İ
1. Corporation Name Robert J. Goldmang A, P.A.			SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business . Mailing Address				
6701 Suret Drive P.O. Bux				
Suite 100 Mismi 1 H 33143	4325			
If above addresses are incorrect in any way, line th	rough incorrect information and enter	correction below.	DO NOT WRITE IN THIS SPACE	
2 New Principal Office Address, If Applicable	3. New Mailing Address, If Applic		Date Incorporated or Qualified     To Do Business in Florida     Oc.	
Suite. Apt #, etc.	Suite, Apt. #, etc.		5. FEI Number Applied	For
City & State	City & State		59 - 26/1935 Not Ap	plicable
Z <sub>i</sub> p Country	Zip Countr	У	CERTIFICATE OF STATUS DESIRED 1 101 CONTINUE TO A CONTINUE STATUS	Sialua :
7 Names and Street Addresses of Each Officer and		ations must list at lea		
Tritle(s)  Name of Officers and/or Directors	l or	ficer and/or Director se Post Office Box	City / State / Zip	
0 71 , 71 ,	/201 C	.0	1 1 m 11 32142	
Pies. Kobert J. GHAMMA	6701 3011	et prive .	luife 100 Mismi A 33143	
			200002046703-	_8
•			300002046703- -01/06/970102501 ****783.75 *****783	2 . 75
REINSTATEMENT 1996				
		- B #@=0.0	U-Man	<i>-</i>
9. Name and Address of Curren	t Registered Agent	<del>                                     </del>	9. Name and Address of New Registered Agent	3 <i>1/9</i> /
o, reality and reality of the realit				
Robert J. Littlemages 6701 Sunset Prive, Suite 100		Street Address (P.O. Box Number is Not Acceptable)		
_		Surte, Apt. #, Etc.		
Mioni 14 33143		City State Zip Code FL		
10 I, being appointed the registered agent of the a	bove named corporation, am familiar t	with and accept the	obligations of Section 607.0505, F.S.	ŀ
Signature of Registered Agent	REGISTERED AGENT MUST SIGN		Dato /2/30/16	
11. Does this corporation pay Dept. of Revenue under S	any intangible tax to t 3. 199.032, Florida Sta	he tutes. Yes	No See other side for information on intangible tax.)	•
SIGNATURE:	Robert	_	ty for the exemption stated in Section 119.07(3)(k), Florida Statuvent that the information supplied is deemed exempt from public a provided for in chapter 607 or 617, F.S. I further certify that whiles the requirements of section 607.0401 or 617.0401, F.S., an accurate, and my signature shall have the same legal effect as 30.5 and 12,30/56 662-27.  Date Date Dayline Phone 8	
SIGNATURE GUD TAPED OH	PRINTED NAME OF SIGNING OFFICER O	R DIRECTOR	Date Daytime Phone #	•