

APPLICATION  
FOR  
REINSTATEMENT

Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M74678

1. Corporation Name

GOSHEN SHOPPING CENTER ASSOCIATES, INC.

Principal Place of Business

Mailing Address

8211 West Broward Blvd., Suite 460  
Plantation, FL 33324

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

2. New Principal Office Address, if Applicable  
7301 N.W. 4th Street

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.  
Suite 102

Suite, Apt. #, etc.

City & State  
Plantation, FL

City & State

Zip

Country

Zip

Country

33317

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

03/31/1988

5. FEI Number

65-0040567

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$9.75 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/D	Robert L. Patron	7301 N.W. 4th Street, Suite 102	Plantation, FL 33317
VP	David F. Hannan	7301 N.W. 4th Street, Suite 102	Plantation, FL 33317

600003078546-7  
-12/22/99-01090-010  
\*\*\*\*158.75 \*\*\*\*158.75

L8

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

David F. Hannan  
8211 W. Broward Blvd. Suite 460  
Plantation, FL 33324

Name

NEW ADDRESS

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

7301 N.W. 4th Street  
Suite, Apt. #, Etc.

Suite 102

City

PLANTATION

State  
FL

Zip Code  
33317

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.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

12/13/99

11. This corporation owes the current year  
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David F. Hannan

Date

12/13/99

954-476-6789

Daytime Phone #

FILED

99 DEC 14 PM 12:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1

CP2501 (12/98)

(2)

**Goshen Shopping Center Associates, Inc.**

7301 Northwest 4th Street  
Suite 102  
Plantation, FL 33317

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December 13, 1999

Department of State  
Division of Corporations

Delivery in Hand

Re: Goshen Shopping Center Associates, Inc.

Gentlemen:

I enclose an Application for Re-instatement of the captioned corporation along with my check for the regular fee of \$150.00 together with another \$8.75 for a Certificate of Status.

I ask that you waive the reinstatement fee attributable to the fact that we relocated our offices a year ago and never received the annual report for 1999.

Your favorable consideration of this request will be greatly appreciated.

Very truly yours,



David F. Hannan

DFH:ck  
enclosures