

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR		FLORIDA DEPARTMENT OF STATE Katherine Harris - Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N00000006320			
1. Corporation Name GOLDEN GOOSE CHRISTIAN ACADEMY/INFANT CENTER & MITCHCOX PIANO/SEWING STUDIO, INC.			
Principal Place of Business 5526 BRENT STREET JACKSONVILLE FL 32244		Mailing Address 5526 BRENT STREET JACKSONVILLE FL 32244	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable 5576 Timuquana Rd Suite, Apt. #, etc. Suite 101 City & State Jacksonville, Fla 32210 Zip 32210 Country Duaa		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country	
4. Date Incorporated or Qualified To Do Business in Florida 09/22/2000		5. FEI Number 593671917 Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$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	WILCOX, ROBIN	5526 BRENT STREET	JACKSONVILLE FL 32244
SD	WILCOX, KENYANNYA K	5526 BRENT STREET	JACKSONVILLE FL 32244
TD	WILCOX, KATANGA N	5526 BRENT STREET	JACKSONVILLE FL 32244
			600004672916--0 -11/08/01--01070--007 *****61.25 *****61.25 OUBR
8. Name and Address of Current Registered Agent WILCOX, ROBIN 5526 BRENT STREET JACKSONVILLE FL 32244		9. Name and Address of New Registered Agent 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.			
Signature of Registered Agent Robin Wilcox, B.A. REGISTERED AGENT MUST SIGN		Date 10-22-01	
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)(f), 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: Robin Wilcox, B.A. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 10-22-01 Daytime Phone # 317-5013	

FILED  
01 OCT 23 PM 5:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CR2E040 (8/01)