

# 2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000011803

FILED  
Sep 06, 2012  
Secretary of State

Entity Name: GOHJA, INC.

**Current Principal Place of Business:**

5100 DOUBLE R LANE  
OVIEDO, FL 32765

**New Principal Place of Business:**

**Current Mailing Address:**

5100 DOUBLE R LANE  
OVIEDO, FL 32765

**New Mailing Address:**

FEI Number: 20-8165331

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RAY, CHARLOTTE  
5027 GRAMONT AVE  
ORLANDO, FL 32812 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CHARLOTTE RAY

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: TROCANO, WENDY V  
Address: 5752 ROCKING HORSE RD  
City-St-Zip: ORLANDO, FL 32817

Title: VP  
Name: GELLEIN, JACQUE  
Address: 5100 DOUBLE R LN  
City-St-Zip: OVIEDO, FL 32765

Title: SC  
Name: MEDLOCK, JENNI  
Address: 179 VILLA DI ESTE TERRACE, #201  
City-St-Zip: LAKE MARY, FL 32746

Title: SR  
Name: BRISTOL, HEATHER  
Address: 574 HARDWOOD PL  
City-St-Zip: LAKE MARY, FL 32746

Title: SP  
Name: KELLAR, LAUREN  
Address: 2415 FLORIDA AVE  
City-St-Zip: OVIEDO, FL 32765

Title: T  
Name: RAY, CHARLOTTE  
Address: 5027 GRAMONT AVE  
City-St-Zip: ORLANDO, FL 32812

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JACQUE GELLEIN

VP

09/06/2012

Electronic Signature of Signing Officer or Director

Date