

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**  
 00 DEC 15 PM 1:50  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**CORPORATION  
 REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # *N17611*

1. Corporation Name

**The Good-Gulfstream Education Foundation, Inc.**

2. Principal Office Address  
**c/o J. Larry Rutherford**

3. Mailing Office Address  
**c/o J. Larry Rutherford**

Suite, Apt. #, etc.  
**255 Alhambra Circle,  
 Suite 312**

Suite, Apt. #, etc.  
**255 Alhambra Circle, Suite  
 312**

City & State  
**Coral Gables, Florida**

City & State  
**Coral Gables, Florida**

Zip Country  
**33134 United States**

Zip Country  
**33134 United States**

**REINSTATEMENT 0400**

4. Date Incorporated or Qualified To Do Business in Florida **October 31, 1986 S/P**

5. FEI Number **59-2795158** Applied For  Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
**J. Larry Rutherford**

Street Address (P.O. Box Number is Not Acceptable)  
**255 Alhambra Circle**

Suite, Apt. #, Etc.  
**Suite 312**

City  
**Coral Gables**

State Zip Code  
**FL 33134**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent *J. Larry Rutherford*  
 REGISTERED AGENT MUST SIGN

Date **12-4-00**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	J. Larry Rutherford	255 Alhambra Circle Suite 312	Coral Gables, FL 33134
STD	Kenneth M. Good, Sr.	21 Ryddington Place	Dallas, TX 75230
D	Kenneth M. Good, Jr.	2030 Main Street Suite 700	Dallas, TX 75201

10. 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: *J. Larry Rutherford*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **12-4-00** Daytime Phone # **305-476-1515**