

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N35579**

1. Corporation Name

GOAL EMPLOYMENT II, INC.

Principal Place of Business
**1018 THOMASVILLE ROAD
TALLAHASSEE FL 32303**

Mailing Address
**1018 THOMASVILLE ROAD
TALLAHASSEE FL 32303**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

12/08/1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3011332

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

**\$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	URASSA, ERNEST S.	1018 THOMASVILLE RD ST100	TALLAHASSEE FL
D	CARTER, MATTHEW M., II	1242 TIMBERLANE ROAD	TALLAHASSEE FL
D	WOODS, MONA L.	2110 S. ADAMS ST.	TALLAHASSEE FL
D	PAYNE, ANN	2530 BETTON WOODS DRIVE	TALLAHASSEE FL
D	RUSSELL, CHARLES	5127 PIMLICO DR	TALLAHASSEE FL
			300002325389--0 -10/31/97--01019--006 ****245.00 ****245.00

8. Name and Address of Current Registered Agent

**URASSA, ERNEST S.
1018 THOMASVILLE ROAD
TALLAHASSEE FL 32303**

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

Ernest S. Urassa

REGISTERED AGENT MUST SIGN

Date **10/31/97**

11. This corporation owes or has paid 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:

Ernest S. Urassa

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/97

Date

850-664-7293

Daytime Phone #

FILED

97 OCT 31 PM 1:55

SECRETARY OF STATE
TALLAHASSEE FLORIDA



REINSTATEMENT 97

CR2E040 (8/97)