

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 APR 16 AM 11:05

DOCUMENT # *N99000006366*

1. Corporation Name

Gosplosion, Inc.

2. Principal Office Address

6155 S. Fla. Ave #7

Suite, Apt. #, etc.

#7

City & State

Lakeland, Florida

Zip

33813

Country

USA

3. Mailing Office Address

Same As

Suite, Apt. #, etc.

Same

City & State

Same

Zip

Country

REINSTATEMENT

00-01

04/04/01 01045 006 748-75

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

31-1676112

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

Ronald R. Reed

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

6155 S. Fla Ave

Suite, Apt. #, Etc.

#7

City

Lakeland

State
FL

Zip Code

33813

400004036194-7

-04/20/01--01102-001

*****148.75 ****148.75*

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

Ronald R. Reed

Date

4/16/01

REGISTERED AGENT MUST SIGN

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
<i>Pres/D</i>	<i>Lydia Goodin</i>	<i>2170 Rutland Street Miami, FLA 33054</i>	
<i>V-Pres/DN</i>	<i>B. Hill</i>	<i>5225 Tillery Road</i>	<i>Lakeland, FL 33813</i>
<i>V-Pres/D</i>	<i>Ronald R. Reed</i>	<i>6155 S. Fla. Ave #7</i>	<i>Lakeland, FLA 33813</i>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/01

Date

063-648-9078

Daytime Phone #

CR2E081 (9/00)