

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P00000010179

1. Corporation Name

DAVID GOODRIDGE, P.A.

Principal Place of Business

3111 UNIVERSITY DRIVE STE 111  
CORAL SPRINGS FL 33065

Mailing Address

3111 UNIVERSITY DRIVE STE 111  
CORAL SPRINGS FL 33065



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/24/2000

5. FEI Number

65-0978333

Applied For

Not Applicable

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	GOODRIDGE, DAVID	3111 UNIVERSITY DRIVE STE 111	CORAL SPRINGS FL 33065

700004717177-5  
-12/10/01--01100--008  
\*\*\*150.00 \*\*\*150.00

8. Name and Address of Current Registered Agent

GOODRIDGE, DAVID  
3111 UNIVERSITY DRIVE STE 111  
CORAL SPRINGS FL 33065

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

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. 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:

*DAVID GOODRIDGE P.A.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (8/01)

20F2

October 15, 2001

Division of Corporations  
Uniform Business Report  
P.O. Box 1500  
Tallahassee, Fl. 32302-1500

Dear Sir or Madam:

Enclosed is the Uniform Business Report and the check for \$150.00. This is the first information I have received on this matter and it is the first renewal year for my corporation, so I was not expecting this as I will in future years. Obviously, I was shocked to see a \$450.00 late fee for filing something I had never been notified of. Please contact me if you need more information. David Goodridge 954-341-5721.

Sincerely,



David Goodridge  
Re/Max Partners  
954-341-5721