

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 OCT 13 AM 8:00

DOCUMENT # P00000033958

1. Corporation Name

GOUCHE INCORPORATED

Principal Place of Business

114 FLAGLER BLVD.  
ST. AUGUSTINE FL 32084

Mailing Address

114 FLAGLER BLVD.  
ST. AUGUSTINE FL 32084



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

03/30/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3639464

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

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	4. City / State / Zip
ES	HERNANDEZ, DOUG	114 FLAGLER BLVD	ST. AUGUSTINE FL 32080
ES	HERNANDEZ, DOUG	114 FLAGLER BLVD	ST. AUGUSTINE FL 32080
VP	HERNANDEZ, TONI	114 FLAGLER BLVD	ST. AUGUSTINE FL 32080
SEC	HERNANDEZ, TONI	114 FLAGLER BLVD	ST. AUGUSTINE FL 32080

700023765187  
10/13/03--01094--013 \*\*150.00

8. Name and Address of Current Registered Agent

HERNANDEZ, DOUG  
114 FLAGLER BLVD.  
ST. AUGUSTINE FL 32084

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. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/10/03

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)(l), 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/10/03 904-824-9815

CR2E040 (7/03)

**GOUCH INC.**  
**114 Flagler Blvd**  
**St. Augustine, Florida 32084**

10/10/03

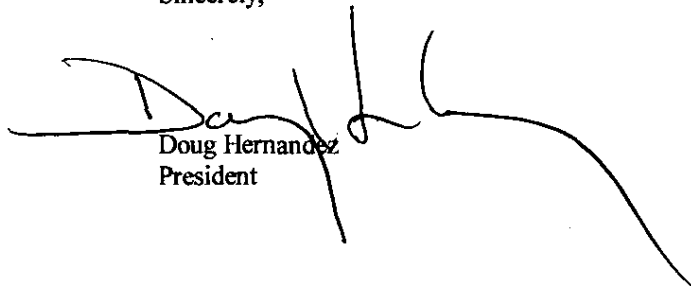
Florida Department of State  
Glenda E. Hood  
Secretary of State

Dear Ms Hood,

I am in receipt of your Notice of Administrative Dissolution or Revocation. This is the first notice this corporation has received concerning this matter. Enclose is our fee payment.

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Sincerely,



Doug Hernandez  
President