

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



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

APPROVED
AND
FILED

02 MAR 19 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000041038

1. Corporation Name

Goosby + Associate Construction Co. of Florida, Inc.

2. Principal Office Address

940 M.L. King

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 3862

Suite, Apt. #, etc.

City & State

Lakeland Florida

City & State

Lakeland

Zip

33805

Country

FL/K

Zip

33802

Country

FL/K

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3640900

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$375 Additional Fee required
for a Certificate of Status

2001-2002 UBR

7. Name and Address of Current Registered Agent

Name

Randolph Goosby

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

940 M.L. King

Suite, Apt. #, Etc.

City

Lakeland

State

FL

Zip Code

33805

4000005183294

04/02/02-01053-006

****308.75 ****308.75

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

Randolph Goosby

REGISTERED AGENT MUST SIGN

Date 3/19/02

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

Pres Randolph Goosby

940 M.L. King Jr Ave

Lakeland Fl. 33803

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:

Randolph Goosby

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/02

Date

Daytime Phone #

CR2E081 (9/01)

2 of 2

Goosby + Associates Construction Co of Florida INC.

P.O. Box 3862

Lakeland Fla 33802

Please Waive the reinstatement Fee (late)
because of the non delivery of the Annual
Report

Donald Goosby

3/19/02