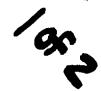
## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.





## FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

P0000041038 **DOCUMENT#** 

1. Corporation Name

02 MAR 19 PM 3:43

SECRETARY OF STATE

Goost	by + Associates Co	nstruction C	0. of Florida.	**	-AHASSEE, FLORIDA		
2. Principal Office	e Address	3. Mailing Office Address	s	224	1 000	- • • •	
940	M.L. Kina	P.O. BOX	3862		11-200	7 11	31
Suite, Apt. #, etc.	<u> </u>	Suite, Apt. #, etc.			1 2 W	<u>C U.</u>	<u> </u>
		<u> </u>			porated or Qualified ness in Florida		
	land Florida	Lo Kelanel		5. FEI Number Applied For Not Applied For Not Applied For			
zip 33865	5 POIK	3380A	Po IK	6. CERTIFICATE	OF STATUS DESIRED 3	75 Additional Fee a for a Certificate of S	equiced Salves
7. Name and Address of Current Registered Agent							
Nar	tandolph	Goosby		-4	0000518	32:94	-3
Stre	Street Address (P.O. Box Number is Not Acceptable) -04702/02-01053-1006 940 00.6. King ****308.75 ****308.75						
Suit	te, Apt. #, Etc.	1.0. 7/1/9					
City	Lakelond				State Zip Code 33%08	<u> </u>	<u></u> ,
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		GISTERED AGENT NUST	SIGN		Date 3/19/	102	
9. Names and S	treet Addresses of Each Officer and	/or Director (Florida nonpro	fit corporations must list at k	east 3 directors)			
Titles	Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / Sta	ate / Zip	
Per +	Randolph Goos	by 940	M. (. King	Jr Are	takeland F	G. 338/3	
	`	1	,				{{
			, <u></u>				
		·	<u></u>				$-\parallel$

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 617.0417, 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 that have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

50k2

Goosby + Associatos Consteuction Co & Florido INC. P.O. Box 3862 Lakeland Pla 33802

Please where He remotement New (Late)
Lecause of the non delivery of the annual
Report

Sindel Stool