

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT -4 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

R. L. Goodwin, INC

P00000079414

400008285884--2
-10/09/02--01043--013
****300.00 ****300.00

2. Principal Office Address

3. Mailing Office Address

1006 W Comache

1006 W. Comache

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tampa Fla.

Tampa Fla.

Zip

Country

Zip

Country

33603

USA

33603

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8-16-2000

5. FEI Number

59-3713028

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

Richard L Goodwin

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

1006 W. Comache AVE

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33603

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

9/27/2002

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	Rick Goodwin	1009 W. McHawk	Tampa Fla 33603

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/24/02 813-417-9777

Date

Daytime Phone #

CR2E081 (8/01)

7/10/4/02

R.

813-417-9777

L.

FAX 813-232-1932

GOODWIN

A CONSTRUCTION AND CONCRETE MANAGEMENT GROUP

TAMPA, FLA

VERO BEACH, FLA

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL. 32314

Please be advised that R. L. Goodwin, Inc. did not receive the Original Uniform Business Reports and would you please wave any additional fees accordingly.

Enclosed please find a check in the amount of \$308.75 as instructed.

Sincerely



R. L. Goodwin

P. S. Please send a Certificate of Status.
