

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 OCT 25 PM 12:13

DOCUMENT # **P00000098073**

1. Corporation Name

**GOOCH ENTERPRISES, INC.**

Principal Place of Business

Mailing Address

2182 NORTHWEST 91ST STREET  
MIAMI FL 33147

2182 NORTHWEST 91ST STREET  
MIAMI FL 33147



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

10/18/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1049080

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

7. 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
PSTD	GOOCH, JOHN L	2182 NORTHWEST 91ST STREET	MIAMI FL 33147

000004679640--5  
-11/14/01--01096--004  
\*\*\*\*150.00 \*\*\*\*150.00

SP

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SPIGEL & UTRERA, P.A.  
342 ALMERIA AVENUE  
CORAL GABLES FL 33134

Name

John L Gooch

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

2182 NW 91st St

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33147

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

*John L Gooch*

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

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:

*John L Gooch*  
**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20040 (8/01)

October 16, 2001

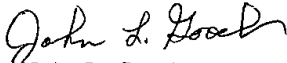
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P.O. Box 6327  
Tallahassee, Florida 32314

GOOCH ENTERPRISES, INC.  
2128 North West 91<sup>st</sup> Street  
Miami, Florida 33147-3130

RE: GOOCH ENTERPTISES INC. Document # P00000098073

Due to sending 2001 uniform business report earlier and change of accountant and among other incidents, kindly waive the reinstatement fee for Gooch Enterprises Inc. Please feel free to write to the above address or call me or my new accountant Labib Baltagi at: 305.895.3011 if we can be of further assistance.

Sincerely,

  
John L. Gooch