

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 JAN -8 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000009439

1. Corporation Name

THE GOOD HOUSEKEEPER, INC.

Principal Place of Business

Mailing Address

500 CLIPPER SHIP LANE
ATLANTIC BEACH FL 32233

500 CLIPPER SHIP LANE
ATLANTIC BEACH FL 32233

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/24/2001

5. FEI Number

Applied For

Not Applicable

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	GOOD, LISA M	500 CLIPPER SHIP LANE	ATLANTIC BEACH FL 32233

200009955827
01/08/03--01049--003 **150.00

8. Name and Address of Current Registered Agent

GOOD, LISA M
500 CLIPPER SHIP LANE
ATLANTIC BEACH FL 32233

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

CR2E040 (8/02)

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

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-6-02

Date

904-7038238

Daytime Phone #

**THE GOOD HOUSEKEEPER, INC.
500 CLIPPER SHIP LANE
ATLANTIC BEACH, FL 32233
(904) 703-8238**

December 12, 2002

Division of Corporations
Attn: Ms. Stacey Prather
P. O. Box 6327
Tallahassee, FL 32314

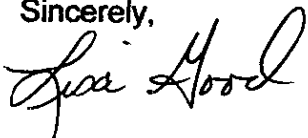
Re: The Good Housekeeper, Inc.
2002 Uniform Business Report
Document #P01000009439

Dear Ms. Prather:

Please accept the enclosed corporate reinstatement report, the \$150.00 annual fee payment and abate the late filing penalties, based on the fact that the referenced corporation did not receive the prior UBR notices mentioned in the important facts section of the reinstatement package.

Thank you for your help with this matter. Please contact me if you have any questions/concerns regarding this issue.

Sincerely,



Lisa M. Good
President