

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT -9 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000054586**

1. Corporation Name

GOLDMASTERS, INC.

2. Principal Office Address

1654 MAIN ST

Suite, Apt. #, etc.

City & State

SARASOTA, FL

Zip

34236

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5-25-01

5. FEI Number

65-1108394

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

900023666329
10/09/03--01049--004 **150.00

7. Name and Address of Current Registered Agent

Name

PATRICK TROVATORE

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

1654 MAIN ST.

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34236

300023418133
09/30/03--01025--007 **150.00

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

REGISTERED AGENT MUST SIGN

Date

9-25-03

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
D	PATRICK TROVATORE	1531 GEORGETOWN LN.	SARASOTA, FL 34232
D	JOHN DICKSON	2954 BENTLEY STREET	SARASOTA, FL 34239

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOHN W. DICKSON **9-25-03** **941-365-7709**

CR2E081 (10/02)

**Goldmasters, Inc.
1654 Main Street
Sarasota, FL 34236
941-952-1907**

September 25, 2003

**Florida Department of State
Division of Corporations**

This letter is a request to waive the reinstatement fees in regards to the attached reinstatement document.

We never received the renewal forms for 2003. We believe that they may have been sent to our old address of 786 B South Orange Ave. Sarasota, FL 34236.

Please be sure that your records show our correct address of:

**1654 Main Street
Sarasota, FL 34236**

**~~If you have any questions, please call John or Patrick~~
~~at: 941-365-7709~~**

Thanks for your consideration and your quick service.

John Dickson, Goldmasters

A handwritten signature in black ink, appearing to read "John Dickson", written in a cursive style.