

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAY -6 PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

GOLD STYLE CORPORATION

901000116562

2. Principal Office Address

1700 W. NEW HAVEN AVENUE

Suite, Apt. #, etc.

City & State

MELBOURNE, FL 32904-3916

Zip

32904

Country

FLORIDA

3. Mailing Office Address

1700 W. NEW HAVEN AVENUE

Suite, Apt. #, etc.

City & State

MELBOURNE, FL 32904-3916

Zip

32904

Country

BREVARD

600013727746
04/08/03-01054-020 ***150.00
REINSTATEMENT
600013727746
03/10/03-01054-020 ***750.00 8203

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/02

5. FEI Number

01-0637724

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$375 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Intisar Ibrahim

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

1831 Olivick Cir

Suite, Apt. #, Etc.

City

PO Palm Bay FL

State

FL

Zip Code

32907

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

Intisar Ibrahim

REGISTERED AGENT MUST SIGN

Date

4/20/03

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
PRES	INTISAR IBRAHIM	1700 W. NEW HAVEN AVENUE	MELBOURNE, FL 32904

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:

Intisar Ibrahim

INTISAR IBRAHIM, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #