

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

11 JUN -1 PM 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300208335853

06/01/11--01026--004 **758.75

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida 1/2002

5. FEI Number
030515391

☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 11

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #P02000010366

1. Corporation Name

GOLD LEAF CORPORATION

2. Principal Office Address - No P.O. Box #

1904 Fairmont Rd Ste 3
228 Cotton Mill Rd

3. Mailing Office Address

Suite, Apt. #, etc.

#3

Suite, Apt. #, etc.

City & State

Huntsville Fayetteville

City & State

TN

Zip

35801 37334

Country

USA

Zip

Country

7. Name and Address of Current Registered Agent

Name
Incorp Services, Inc.

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

17888 67th Court North

Suite, Apt. #, Etc.

City

Loxahatchee

State

FL

Zip Code

33470

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

Richard W Stocks on behalf of Incorp Services, Inc.
REGISTERED AGENT MUST SIGN

Date 4/1/2011

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
PD	Richard W Stocks	1904 Fairmont Rd Ste 3 228 Cotton Mill Rd	Huntsville AL 35801 Fayetteville, TN 37334

A6/1

10. E-mail Address: dstocks@usa.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third

SIGNATURE

Richard W Stocks

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/27/11

Date

256 452-2774

Daytime Phone #