

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **PD2000036155**

1. Corporation Name

GOOSE GANDER INC.

2. Principal Office Address

5005 S. RIDGEWOOD AVE

Suite, Apt. #, etc.

City & State

Port Orange FL

Zip
32128

Country

USA

3. Mailing Office Address

P.O. Box 144

Suite, Apt. #, etc.

City & State

Burton OH

Zip

44021

Country

U.S.A

**4. Date Incorporated or Qualified
To Do Business in Florida**

4.3.02

5. FEI Number

020598460

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

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

CR2E081 (8/05)

7. Name and Address of Current Registered Agent

Name

Richard Bonner

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

6024 SANCTUARY GARDEN BLVD

Suite, Apt. #, Etc.

City

Port Orange

State

FL

Zip Code

32128

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

9-10-05

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.	John Bonner	14252 Burton Windsor Rd	Burton OH 44021

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

[Signature]

Date

9-10-05

Daytime Phone #

440-478-8108

FILED

05 SEP 16 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED 03-05