

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2006 NOV 15 AM 10:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000081793

1. Corporation Name

GOAL ACHIEVERS, INC

2. Principal Office Address

845 NW 128 STREET

Suite, Apt. #, etc.

N/A

City & State

MIAMI FL

Zip

33168

Country

US

3. Mailing Office Address

845 NW 128 STREET

Suite, Apt. #, etc.

N/A

City & State

MIAMI FL

Zip

33168

Country

US

**REINSTATEMENT** 04-06  
CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

07/29/2002

5. FEI Number

061641847

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

BASILIO PROFESSIONAL SERVICE, CORP

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

1414 NW 107 AVE

Suite, Apt. #, Etc.

206

City

MIAMI

State

FL

Zip Code

33172

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 11/10/2006

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
P	HEROLD ATHOURISTE	845 NW 128 STREET	MIAMI FL 33168
VP	GAUTY ATHOURISTE	845 NW 128 STREET	MIAMI FL 33168

200081825557  
11/15/06--01055--014 \*\*450.00

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 contained in Chapter 119, 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 TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/10/2006

Date

954-274-9726

Daytime Phone #

112

11/17/06



***Basilio Professional Service***

786-331-7272 phone  
786-331-7238 fax  
786-513-5754 e-fax  
[basilioirsins@aol.com](mailto:basilioirsins@aol.com)  
[basilioirsins@hotmail.com](mailto:basilioirsins@hotmail.com)

To: Secretary of State  
Florida Department of State  
Division of Corporations

In Ref.: Reinstatement Corporation  
**GOAL ACHIEVERS, INC**  
P02000081793

-----To-Whom It May Concern: - - - - -

This corporation was filed on 07/2002 and the first annual report was filed on 08/2003. Our accountant never advised us that we had to file annual report every year and we never received any notice stating that our corporation was going to be dissolved on 10/2004.

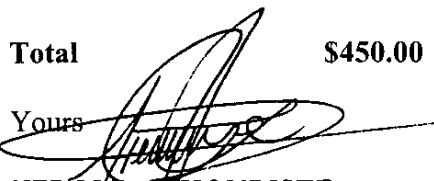
Please, we would like you to consider our petition to reinstate the above-mentioned corporation.

The fees we are sending are as follows:

2004 Annual report fee:	\$61.25
2005 Annual report fee:	\$61.25
2006 Annual report fee:	\$61.25
2004 Supplemental fee:	\$ 88.75
2005 Supplemental fee:	\$ 88.75
2006 Supplemental fee:	\$ 88.75

**Total** **\$450.00**

Yours



HEROLD ATHOURISTE  
President

1414 NW 107th Avenue Suite 206  
Miami, FL 33172  
305-222-1200