PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

	DOCUMENT#	P02000129429
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1. Corporation Name

GO GETTERS, INC.

Principal Place	of Business	

Mailing Address

16150 NE 13TH AVE. N. MIAMI BEACH FL 33162 16150 NE 13TH AVE. N. MIAMI BEACH FL 33162 FILED

03 OCT 17 AH 9:49

SECRETARY OF STATE FALLAHASSEE, FLORIDA

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If above addresses are incorrect in any way, line through incorrect information and enter correction below.					200923910742 10/17/0301072020 **8.75					
New Principal Office Address, If Applicable		ng Office Ad	g Office Address, If Applicable		Date Incorporated or Qualified Ta Do Business in Florida					
Suite, Apt. #, etc.		Suite, Apt. #,	etc.			5. FEI Number Apr			Applied For	
City & State	8		City & State	City & State		····	59-3764358		Not Applicable	
Zip		Country	Zip	Country			CERTIFICATE OF STATUS DESIRED for a Certificate of Status			
7. Names	and Street Ad	dresses of Each Officer ar	d/or Director (Flo	rida nonprot	fit corporation	ns must list at lea	ast 3 directors)			
Title(s) Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip		<u> </u>			
P	ENGLER, I	R, RAYA 16150 NE 13 AVE.					N. MIAMI BEACH F	L 33162		
								0023911	1742	
						•	10/17/	<u>002391)</u> 030107203	1 **150	0.00
					_				•	
8. Name and Address of Current Registered Agent ENGLER, RAYA 16150 NE 13TH AVE.					9. Name and	ddress of New Regist	ered Agent	<u> </u>		
			Name							
				Street Address (P.O. Box Number is Not Acceptable)						
N. MIAMI BEACH FL 33162		÷	Suite, Apt. #, Etc.							
				-	City State Zip Code FL				ode	
10. I, being	appointed the	e registered agent of the a	bove named corpo	ration, am f	amiliar with a	and accept the o	bligations of Secti	on 607.0505, F.S. or 61	7.0505, F.S.]

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., 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 of Registered Agent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REGISTERED AGENT MUST SIGN

10/13/03

688-8581

Daytime Phone #

10-13-03

CR2E040 (7/0)

DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE HOLTSVILLE NY 00501-0023 DATE OF THIS NOTICE: 02-05-2003 NUMBER OF THIS NOTICE: CP 575 A EMPLOYER IDENTIFICATION NUMBER: 59-3764358 FORM: SS-4 NOBOD 0143708766 B

FOR ASSISTANCE CALL US AT: 1-800-829-0115

GO GETTERS INC 16150 NE 13TH AVE NORTH MIAMI BEACH FL 33167

OR WRITE TO THE ADDRESS SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

Thank you for your Form SS-4, Application for Employer Identification Number (EIN). We assigned you EIN 59-3764358. This EIN will identify your business account, tax returns, and documents even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN shown above on all federal tax forms, payments and related correspondence. If you use any variation of your name or EIN, it may cause a delay in processing and may result in incorrect information in your account. It also could cause you to be assigned more than one EIN.

Based on the information shown on your Form \$5-4, you must file the following form(s) by the date we show.

Form 1120

03/15/2004

Your assigned tax classification is based on information obtained from your Form SS-4. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a determination of your tax classification, you may seek a private letter ruling from the IRS under the procedures set forth in Revenue Procedure 98-01, 1998-1 I.R.B.7 (or the superceding revenue procedure for the year at issue).

If you need help in determining what your tax year is, you can get Publication 538, Accounting Periods and Methods, at your local IRS office.

If you have questions about the form(s) or the due date(s) shown, you can call us at 1-800-829-0115 or write to us at the address shown above.

If you are required to make deposits for employment taxes (Form 941, 943, 940, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), we will send an initial supply of Federal Tax Deposit (FTD) coupon books within six weeks. If you need to make a deposit before you receive your supply, call us at 1-800-829-3676.

I DON'T KNOW WHY I RECEIVED

THIS DISSOLUTION & REVOCATION

NOTICE
I NEVER GOT ANY REPORTS IN THE

HAIL OR BY COURIER

KINDLY REINSTATE MY ACTIVE

STATUS AND WAIVE THE FEE.

ENCLOSED IS A CHECK FOR \$ 15000

THANK YOU. Raya Englin

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2003-2004

THIS LICENSE MUST BE DISPLAYED IN A CONSPICUOUS PLACE. A PENALTY IS IMPOSED FOR FAILURE TO KEEP THIS LICENSE EXHIBITED AT YOUR ESTABLISHMENT.

RENEWAL

BUSINESS NAME

GO GETTERS, INC.

PRES: RAYA ENGLER

ACCOUNT NUMBER 787843

CITY OF NORTH MIAMI BEACH, FLORIDA

CITY OCCUPATIONAL LICENSE

NO:109444

ORIGINAL GO GETTERS, MAIL TO: INC.

BEACH, FL AVENUE 33162

12100

1000

BUSINESS ADDRESS16150 NE 13 NATURE OF BUSINESS BUSINESS OFFICE/RESIDENTIATIVE PROCESSING HOME OCCUPATION: NORTH MIAM

BEGINNING Oct. OCCUPATION OF ALL LEGISLATION. OR PROFESSION IN 01, 2003 Sep. THIS LICENSE THE CITY AND ENDING ON Sep. 30, 2004 HEREBY LICENSED \overline{S} NON-TRANSFERABLE OF LICENSING YEAR TO ENGAGE MITHOUT FLORIDA FOR THE PERIOD OR MANAGE THE BUSINESS SUBJECT TO PROVISIONS AUDIT NUMBER APPROVAL.

100 mg

13100

117939 DATE ISSUED

08-07-2003

JEFFF∫EÝ A. MISHCON, MAYOR

SOLOMON ODENZ, CITY CLERK