## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

P02000134190 DOCUMENT #

1. Corporation Name

GOODFRIEND OF SOUTH FLORIDA, INC.

Principal Place of Business

Mailing Address

1108 SW IMPERIAL DRIVE PALM CITY FL 34990

SIGNATURE

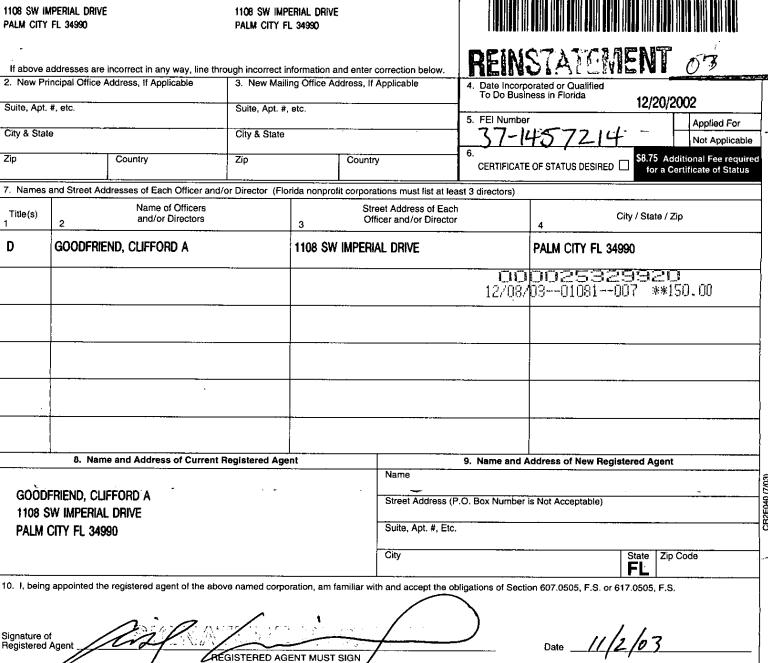
1108 SW IMPERIAL DRIVE PALM CITY FL 34990

FILED

03 DEC -8 PM 12: 5n

SECRETARY OF STATE TALLAHASSEE. FLORIDA

Daytime Phone #



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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOUBLETREE HOTELS-SUITER-RESORTS-CLUBS
1-800-222-TREE 12-2-03

To Whom it may concern:

I spoke with your office today & was advised to send this note to you!! I have been away for a few months & never received any mail regarding this issue. Therefore I'm sending in the 1502 fee due & understand that the penalty fee Will then be waived.

Thank you.

Cliff boodfriend