

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

1/2

05 MAY 27 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000060510

1. Corporation Name

Gobeleon Inc.

2. Principal Office Address

2824 SW 99 Court

Suite, Apt. #, etc.

City & State

Miami Florida

Zip

33165

Country

Miami Dade

3. Mailing Office Address

2824 SW 99 Court

Suite, Apt. #, etc.

City & State

Miami Florida

Zip

33165

Country

Miami Dade

REINSTATEMENT

@
04-05

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

5. FEI Number

06-1703643

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

Carlos D Gobel

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

2824 Sw 99 Court

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33165

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

Date

REGISTERED AGENT MUST SIGN

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	Carlos D Gobel	2824 SW 99 Court	Miami, FL 33165

600055412836
05/27/05--01049--003 **300.00

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 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

05/24/2005

Date

Daytime Phone #

CR2E081 (01/05)

2/2

May 24, 2005

Florida Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

RE: Gobeleon, Inc.
Document Number: P03000060510

Dear Sir or Madam:

Attached please find the reinstatement of Gobeleon, Inc. (Doc No. P03000060510) (hereinafter referred to as "the Company"). The Company was inactive throughout 2003 and only began to have activity during 2004. The Company's officer never received the renewal notification in the mail for the renewal due by May 1, 2004. The Company was subsequently dissolved by the state and, as result, no notification for renewal was sent for 2005. This deficiency was not uncovered until the Company's tax returns were being prepared for the tax year ended December 31, 2004.

We, therefore, respectfully request that the penalties normally associated with corporate reinstatements be abated. Enclosed please find a check for \$300.00 for the corporate renewal for 2004 and 2005.

Thank you for your consideration.

Sincerely,



Carlos Gobel
President