


# 2004 FOR PROFIT CORPORATION REINSTATEMENT

|   |  |   |
|---|--|---|
| <b>DOCUMENT # P03000095634</b>              |  |  |
| 1. Entity Name<br><b>GO FINANCIAL CORP.</b> |  |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>731 SANTURCE AVENUE<br/>CORAL GABLES, FL 33134</b> | Mailing Address<br><b>731 SANTURCE AVENUE<br/>CORAL GABLES, FL 33134</b> |
|--|--|

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |



**REINSTATEMENT** 04 NOV 16 PM 1:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|   |  |   |  |
|---|--|---|--|
| 6. Name and Address of Current Registered Agent |  | 7. Name and Address of New Registered Agent |  |
|---|--|---|--|

|   |  |  |  |
|---|--|--|--|
| <b>FERNANDEZ, JORGE A</b><br><b>150 ALHAMBRA CIRCLE</b><br><b>SUITE 1240</b><br><b>CORAL GABLES, FL 33134</b> |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>State <b>FL</b> Zip Code |  |
|---|--|--|--|

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *[Signature]* 11/15/04  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

|  |  |
|--|--|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After January 1, 2005, Fee will be \$300.00</b> | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
|--|--|

| 10. OFFICERS AND DIRECTORS  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |
|---|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Delete | D<br><b>CASTRO, GAUDENCIO</b><br><b>150 ALHAMBRA CIRCLE, SUITE 1240</b><br><b>CORAL GABLES, FL 33134</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition | <b>100043095211</b><br><b>12/01/04--01016--005 **150.00</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #