

REINSTATEMENT
2007 FOR PROFIT CORPORATION
~~ANNUAL REPORT~~

07-17-2007 90136 014 ***150.00

FILED

07 OCT 22 PM 12:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACS

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DOCUMENT # P04000172733

1. Entity Name
GO-IN INTERNATIONAL CORPORATION



Principal Place of Business
7840 STANWAY PLACE WEST
BOCA RATON, FL 33433

Mailing Address
7840 STANWAY PLACE WEST
BOCA RATON, FL 33433

DO NOT WRITE IN THIS SPACE



07132007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-2072476

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLAUDIO, PUENTES
7840 STANWAY PLACE W
BOCA RATON, FL 33433

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PUENTES, CLAUDIO
STREET ADDRESS	7840 STANWAY PLACE W
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	VP
NAME	CHANDLER, MARYLIN
STREET ADDRESS	7840 STANWAY PLACE W
CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

REINSTATEMENT *07*

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 another I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/2007

Date

861-362-0195

Daytime Phone #



Go-In International, Corp.

7840 Starway Pl. Boca Raton, Fl 33433. Ph 561-362-8195 – Fx 561-416-9078

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BOCA RATON
AUGUST 16, 2007

FLORIDA DEPARTMENT OF STATE
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

SUBJECT: GO-IN INTERNATIONAL CORPORATION
Ref. Number: PO4000172733

Regarding your letter and our Phone conversation, I am sending this letter as a requirement to waive the reinstatement fee, since we did not receive the rejection notice or any other notification from the Division of Corporations from the Florida Department of State.

As requested, I am sending with this letter, the annual report/reinstatement application signed by me, an officer of the Corporation.

Thank you,

Claudio Puentes
President