

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 FEB -6 PM 1:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000012539

1. Corporation Name

GOLOBO VENTURE III, INC.

REINSTATEMENT 06-09

22/9

2. Principal Office Address - No P.O. Box #

11 North J. Street

3. Mailing Office Address

11 North J. Street

Suite, Apt. #, etc

Suite 3

Suite, Apt. #, etc.

Suite 3

City & State

Lake Worth, Florida

City & State

Lake Worth, Florida

Zip

33460

Country

USA

Zip

33460

Country

USA

CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

January 25, 2005

5. FEI Number

~~20-222036~~ 20-222036

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

Michael J Posner, Esq.

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

4420 Beacon Circle

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33407

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date

2/4/09

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
PD	John Golobo	4353 B Woodstock Drive	West Palm Beach, FL 33409
VPD	Nancy Golobo	4353 B Woodstock Drive	West Palm Beach, FL 33409

000143024340
02/06/09--01039--008 **\$600.00

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 contained in Chapter 119, 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

2/04/09

Date

Daytime Phone #