2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED 07 DEC 19 PM 2: 00

Daytme Phone #

1. Entity Name GOLDMIN Principal Place 1413 FORSY WEST PALM E	NE CONSTRUCTION, INC. e of Business NHE ROAD BEACH, FL 33405 US lace of Business - No P.O. Box # Howey Sucke D.R.	33405 US	PEINSTATEMEN 2007				
City & State	PALM BEACH, Fl.	City & State		4. FEI Number	3384587	Applied For Not Applicable	
. 33 4	15 Country U.S.A. 6. Name and Address of Current Re	33415	Country A.			\$8.75 Additional Fee Required	
CASTILLO, GINA 6533 RAMBLEWOOD CIRCLE GREENACRES, FL 33467 8. The above named entity submits this statement to the purpose of changing its regis				Name Sesus Lizand Street Address (P.O. Box Number is Not Acceptable). 5642 Honey Suckle DR. West Palm Beach / FT. City FL 33415			
	Signatury typed or printed name of registered against and	nd	·	ure required when reinstating			
FILE NOWIII FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00					In accordance with s. 607 corporation did not receive	e the prior notice.	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DI DIR CASTILLO, GINA 6533 RAMBLEWOOD CIRCLE GREENACRES, FL 33467	RECTORS Defete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP		CHANGES TO OFFICERS AND CO113534 2/0801018008	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VERA, ROGELIO 1413 FORSYTHE ROAD WEST PARM BEACH, FL 33405	☐ Detete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5642	ary only; Honeysuckle Alm Beach,	Change □ Addition ○ R. F/. 33415	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LIZANO, JESUS 1413 FORSYTHE ROAD WEST PALM BEACH, FL 33405	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDRESS CL	out only: over suckle: Im Beach, t	© Change □ Addition S R	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		,	Change Addition	
NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-SI-IP			☐ Change ☐ Addition	
indicated of the cor	certify that the information supplied with the long this report or supplemental report is to poration or the receiver or trustee empower, or on an attachment with an address, with	ue and accurate and that re ered to execute this report	my signature shall ha as required by Cha	ive the same legal effective	ct as if made under oath; that I a	am an officer or director	