

# **2007 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P06000078903

**FILED**  
**Nov 03, 2007**  
**Secretary of State**

**Entity Name:** GOOD 2 GO WEST INDIES MART, INC

**Current Principal Place of Business:**

516C JOEL BLVD  
LEIGH ACRES, FL 33972

**New Principal Place of Business:**

516C JOEL BLVD  
516C  
LEIGH ACRES, FL 33972

**Current Mailing Address:**

516C JOEL BLVD  
LEIGH ACRES, FL 33972

**New Mailing Address:**

**FEI Number:** 68-0658781      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NELSON, ORLANDO  
516C JOEL BLVD  
LEIGH ACRES, FL 33972      US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:** ORLANDO NELSON

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

**Title:** PRES      ( ) Delete  
**Name:** NELSON, ORLANDO  
**Address:** 516C JOEL BLVD  
**City-St-Zip:** LEIGH ACRES, FL 33972

**Title:** VP      ( ) Delete  
**Name:** NELSON, LAVERN  
**Address:** 178 MURDOCK CIRCLE  
**City-St-Zip:** PORT CHARLOTTE, FL 33948

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** ORLANDO NELSON

Electronic Signature of Signing Officer or Director

PRES

11/03/2007

Date