

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P08000031459

1. Corporation Name

go11media, inc.

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

4450 Garrison St

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip

34232

Country

USA

3. Mailing Office Address

4450 Garrison St

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip

34232

Country

USA

7. Name and Address of Current Registered Agent

Name

William Dillard

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

4450 Garrison St

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34232

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

1-25-10

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
P	William Dillard	4450 Garrison St	Sarasota, FL 34232
V S	Kimberly Ellinwood	6824 Wauchula Rd	Myakka City, FL 34251
T	Catherine Dillard	4450 Garrison St	Sarasota, FL 34232

10. E-mail Address: cat@go11media.com

(To be used for future annual report notification)

11. 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. I further certify, 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-25-10

Daytime Phone #

FILED

10 JAN 29 AM 10:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 09-10

400167535564

01/29/10-01027--009 \*\*\$00.00

CR2E081 (11/09)

4. Date Incorporated or Qualified

To Do Business in Florida 03/26/08

5. FEI Number

26-2294405

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

☒ 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.