

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

18 APR 25 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P/5000041095

1. Corporation Name

Goto Texts Corp

200312681292
03/07/18--01004--002 **\$35.00

200312681292
04/27/18--01010--002 **\$15.00
CR2E081 (11/10)

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

1421 SAINT Gabrielle Ln

3. Mailing Office Address

70 Box 267104

Suite, Apt. #, etc.

APT 4106

Suite, Apt. #, etc.

City & State

Weston FL

City & State

Weston FL

Zip

33326

Country

USA

Zip

33326

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/06/2015

5. FEI Number

42-4009940

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

Hector Canedo

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

1421 SAINT Gabrielle Ln

Suite, Apt. #, Etc.

APT 4106

City

Weston

State

FL

Zip Code

33326

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 03/20/18

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	Flouangel Gonzalez	1421 SAINT Gabrielle Ln	Weston FL, 33326

10. E-mail Address:

HACANEDO33@GMAIL.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

[Signature]

03/20/18

9545/58949

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #