

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 27 PM 2:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000037327**

1. Corporation Name

**GOLDIE'S SOUTHERNMOST TATTOOING, INC.**

Principal Place of Business

Mailing Address

MILE MARKER 4.5  
5210 US HWY 1  
STOCK ISLAND FL 33040  
US

5210 US HWY 1  
KEY WEST FL 33040

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/18/1994

5. FEI Number

65-0496968

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	HAMPTON, BONNIE K	33 E CAHILL CT	BIG PINE KEY FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HAMPTON, BONNIE  
1515 17TH TERRACE  
KEY WEST FL 33040

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*Bonnie K Hampton*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date **10.22.03**

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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:

*Bonnie K Hampton*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305  
10.22.03 296.4727  
Date Daytime Phone #

CPRE040 (7/03)

July 7, 2003

Secretary of State  
Divisions of Corporations  
P.O. Box 6327  
Tallahassee, Fl. 32314

RE: Goldies Southernmost Tattooing, Inc.  
P94000037327  
Uniform Business Report 2003  
Abatement of late fees

Dear Sirs:

Enclosed is the above referenced client's UBR form, including a check in the amount of \$150 representing 2003 filing fees. Our client did not receive the 2003 UBR form for its annual filing with your office.

I hereby request that your office abate the late filing fees due to these circumstances.

If you require further clarification, please contact me at 305-294-6606. Thank you in advance for your cooperation in this matter.

Sincerely,

NILES, WILLIS & MOORE, P.A.

Jack D. Niles, Jr., CPA

JDN  
Enclosures