

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
04 MAR -3 AM 11:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P 94 0000 589 48

**1. Corporation Name**

GOOD OLD FRIEND, INC.

**REINSTATEMENT** 03-24

**2. Principal Office Address**

5590 W. HALLANDALE BOULEVARD

Suite, Apt. #, etc.

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State PEMBROKE PARK

FLA

Zip

33023

Country

AROWARD

City & State

Zip

Country

**400027655644**

01/27/04--01019--022 \*\*758.75

**4. Date Incorporated or Qualified  
To Do Business in Florida**

8-08-1994

**5. FEI Number**

65-0510683

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

PETER BEDNARZ

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

7570 RALEIGH ST.

Suite, Apt. #, Etc.

City

HOLLYWOOD

State  
**FL**

Zip Code

33024

**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

Peter Bednarz  
REGISTERED AGENT MUST SIGN

Date 20 JAN 04

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

| Titles                           | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director              | City / State / Zip         |
|----------------------------------|--------------------------------------|--|----------------------------|
| <u>PRESIDENT</u><br><u>OWNER</u> | <u>PETER BEDNARZ</u>                 | <u>7570 RALEIGH ST</u><br><u>HOLLYWOOD, FL</u><br><u>33024</u> | <u>HOLLYWOOD, FL 33024</u> |
|                                  |                                      |  |                            |
|                                  |                                      |  |                            |
|                                  |                                      |  |                            |
|                                  |                                      |  |                            |
|                                  |                                      |  |                            |

**10. 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:**

Peter Bednarz PETER BEDNARZ  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20 JAN 04 954-666-6704

Date

Daytime Phone #

CR2E081 (10/02)