H01000017081

APPLICATION **FOR** REINSTATEMENT FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

SPECE TARY OF STATE ALVISION OF STATE

OI FEB 13 PM 5: 30

DOCUMENT # P94000059587 1. Corporation Name

Good wa	rks, inc.									_
Principal Place of Business Mailing Address							REINSTATE	WE	N	00-0
							3. Date Incorporated or Quali	fied 3	a. Date o	of Last Report
2 Principal Diago	of Business	1-	Martin of A.A.				8/12/1994	L	// 2.	
2. Principal Place of Business 21 4630 Kirkman Road			Mailing Address 4630 Kirkman	D d			4. FBI Number		\vdash	Applied For
Suite, Apt. #, etc.				KOBU			593264621			Not Applicable
22 Suite 194			te, Apt. #, etc. Suite 194				5. Certificate of Status Desire	a 🗆		5 Additional
City & State			y & State	,		·	<u> </u>		Fee R	lequired
			yacsumando FL				6. Election Campaign Financing \$5.00 May Bo			
Zip	I Course	28	· · · · · · · · · · · · · · · · · · ·		·		Trust Fund Contribution			d to Focs
24) 32811	County	Zip		County			8. This corporation has liability at 199.032, Florida Statutes	_		
	25 Orange	29	32811	30 O	rang		<u> </u>	☐ Ye		No
9. N	ame and Address of Current Re	giste	red Agent			T 1. 2	Name and Address of New Re	<u> jistered</u>	l Agent	
					81		tions Network Inc.			
Gerard Laculippe	-						O. Box Number is Not Acceptable)			
4630 Kirkman Road Suite 194							ect, Suite #200	we;		
Orlando, FL 328	R71			•	83					
}					 	City		ا ا	ip Code	
ł					34	Miami Beach	FL		3139	
agent. I am familia	provisions of Sections 607.1508, or both, in the State of Florida, with, and accept the obligations of Shenker Samuel V	SHO	n change was auth ection 607.0505, Fi	onzeg t lorida St	y th Muk 	te corporation's bo	ard of directors. I hereby accept	of change the ap	pointmen	egistered office at as registered
	AUSTO. 17900 Or printed name of registered	_	and title if applicable.	ίŃ	ÓΤ₽:	Registered Agent signal		DATE		
11.	OFFICERS AND DIREC	TOR		13.		ADDITION	S/CHANGES TO OFFICERS A	ום מא	RECTOR	LS IN 12
TITILE NAME	D	1	DELETE	1.1 1				· 🗆	Change	Addition
STREET ADDRESS	Gerard Latulippe 4 Road, Suite 194			1.2 NAME 1.3 STREET ADDRESS						
CITY-ST-ZIP	Drlando, FL 32811			1.4 CTTY-ST-ZIP						
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NAME	•			2.2 N		-	•	_		_
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STREET ADDRESS				5.3 S1	TREE	T ADDRESS	•			ţ
CITY-ST-ZIP						\$T-21P				
TITLE NAME			DELETE	61 TI					Change	Addition
STREET ADDRESS				6.2 No 6.3 ST		T ADDRESS			A	an I
CTTY-ST-ZIP				•		ST-ZIP	,		•	*U
14. I do hereby cert	rify that the information supplied a	vith 1	his filing does not				A In Section 119 07/3\G\ 51-44	- Etatut	- 1 ford	han an aide, dhad

14. 1 00 nereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Plorida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 equired by Chapter 607, Florida Statutes: and that my name appears in Block 12 or Block 13, or on attachment with an address.

SIGNATURE GEOGY Latuiton Day Signature as a signature and true and tru

Florida Department of State

Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 Phone: : (305)672-0686 Fax Number: : (305)672-9110

CORPORATION REINSTATEMENT

GOOD WORKS, INC.

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