

H01000017061

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

01 FEB 13 PM 5:30

DOCUMENT # P94000059587

I. Corporation Name Good Works, Inc.

Principal Place of Business Mailing Address

REINSTATEMENT

00-01

2. Principal Place of Business

21 4630 Kirkman Road

Suite, Apt. #, etc.

22 Suite 194

City & State

23 Orlando FL

Zip

24 32811

County

25 Orange

2a. Mailing Address

26 4630 Kirkman Road

Suite, Apt. #, etc.

27 Suite 194

City & State

28 Orlando FL

Zip

29 32811

County

30 Orange

3. Date Incorporated or Qualified 8/12/1994

3a. Date of Last Report

9/24/99

4. FBI Number

593264621

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

Gerard Latulippe 4630 Kirkman Road Suite 194 Orlando, FL 32811

10. Name and Address of New Registered Agent

81 Name Corporate Creations Network Inc. 82 Street Address (P.O. Box Number is Not Acceptable) 941 Fourth Street, Suite #200 83 84 City Miami Beach FL 85 Zip Code 33139

11. Pursuant to the provisions of Sections 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0503, Florida Statutes.

SIGNATURE Stephen Samuel, Vice President

DATE 2/13/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signatures required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D [] DELETE NAME Gerard Latulippe STREET ADDRESS 4630 Kirkman Road, Suite 194 CITY-ST-ZIP Orlando, FL 32811

TITLE [] DELETE NAME STREET ADDRESS CITY-ST-ZIP

TITLE [] DELETE NAME STREET ADDRESS CITY-ST-ZIP

TITLE [] DELETE NAME STREET ADDRESS CITY-ST-ZIP

TITLE [] DELETE NAME STREET ADDRESS CITY-ST-ZIP

TITLE [] DELETE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE [] Change [] Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

2.1 TITLE [] Change [] Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

3.1 TITLE [] Change [] Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE [] Change [] Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE [] Change [] Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE [] Change [] Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida 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 required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, or on attachment with an address.

SIGNATURE Gerard Latulippe by S. Samuel as atty-in-fact

DATE 2/13/01

DAYTIME PHONE # (305) 672-0686

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

AD

H01000017061

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

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To:
Division of Corporations
Fax Number : (850) 922-4004

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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