

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000066218

1. Corporation Name

Blue Goose, Inc

2. Principal Office Address - No P.O. Box #
137 E. Sessoms Ave.

Suite, Apt. #, etc.

City & State
Lake Wales, FL

Zip
33853

Country
Polk

3. Mailing Office Address
P.O. Box 3399

Suite, Apt. #, etc.

City & State
Lake Wales, FL

Zip
33859-3399

Country
USA

REINSTATEMENT

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida **09/06/1994**

5. FEI Number
59-3265914

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
Estes, Gary S.

Street Address (P.O. Box Number is Not Acceptable)
137 E. Sessoms Ave.

Suite, Apt. #, Etc.

City
Lake Wales, FL

State
FL

Zip Code
33853

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

REGISTERED AGENT MUST SIGN

Date **Aug. 08, 2007**

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/D	Estes, Gary S.	412 S. NINTH ST.	LAKE WALES, FL. 33853
V/D	De Lamarter, Louis J.	711 SPRINGER DR.	LAKE WALES, FL. 33853

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08/10/07--01024--014 **1050.00

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 contained in Chapter 119, 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:

Gary S. Estes/ President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug. 08, 2007

Date

863-676-5437

Daytime Phone #