PLEASE READ	ALL INSTRUC	TIONS BEF	ORE CO	MPLETI	NG THIS FORM.	·	
APPLICATION • FOR REINSTATEMENT	FLORIDA DEPA Sandra Secre	DA DEPARTMENT, OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			FILED		
DOCUMENT #PAYDOOO67102 1. Corporation Name				98 MAR -4 PM 1: 14			
goza Pointing Seevices Inc				SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business	Mailing Address	<u> </u>		INMER	MADDEL CEOMBA		
20120 SW DOMAN) la	SAM	, –				
33189	ough incorrect information	and enter correctio	n below.	EINS	TATEMENT	15-9C	
New Principal Office Address, If Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.				4. Date Incorporated or Qualified To Do Business in Florida 09-12-94			
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State			5.	FEI Number	0519839	Applied For Not Applicable	
Zip Country	Zıp	Country	6.		\$8.75 A	dditional Fee required Certificate of Status	
7. Names and Street Addresses of Each Officer and/ Name of Officers and/or Directors	or Director (Florida nonpr	Street Addr	ess of Each	directors)			
1 2 3 (Do NOT U			Office Box Numb	bers)	4 City/State/	·	
16 Pictor					- CVI	bl-be	
			-			3/5/18	
				60	000245314	4 === 10	
			-03/10/3801093021			33021	
8. Name and Address of Current Registered Agent 9				Name and Ad	ddress of New Registered Agen	t	
Mareicio 6029			Name Name				
Maveurio 5029 20,50 SW Dothan 20			Suite, Apt. #, Etc.				
4 cami, + L 33189			 -	State Zip Code			
Signature of Registered Agent		<u>29</u>	ccept the obligat	tions of Section	n 607.0505, F.S. Date 02 - 07	4-98	
11. This corporation owes or ha Intangible Personal Propert	s paid the curre	ent year	 Yes 🏿 ∕	No 🗆	(See other side for on intangible		
12. 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 filling 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: SIGNATURE AND TYPED OR PRIN	TED NAME OF SIGNING OF	C) FICER OR DIRECTOR	<u> </u>	02-0	O4-98 Date Daytime		