

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 FEB -5 AM 10:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000073546

1. Corporation Name

GOLEMIST, INC.

**REINSTATEMENT** 02-04

900026470079  
01/08/04--01013--024 \*\*1050.00

2. Principal Office Address 2344 HAMPSTEAD AVENUE  
3. Mailing Office Address 2344 HAMPSTEAD AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CLERMONT, FLORIDA

City & State

CLERMONT, FLORIDA

Zip

34711

Country

U.S.A.

Zip

34711

Country

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

10/06094

5. FEI Number

65052507.1

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$9.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Peter JR. Stassa

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

~~5729 Vista Linda Lane~~ 2344 HAMPSTEAD AVE

Suite, Apt. #, Etc.

City

~~Boca Raton, FL~~ CLERMONT, FL

State  
FL

Zip Code

34711  
~~33433~~

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 Stassa*

Date 1-30-04

REGISTERED AGENT MUST SIGN

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	Peter Stassa, Jr.	2344 Hampstead Avenue	Clermont, FL 34711
VP	Robert Goldfellow	c/o Todd Payne 24 Ives Street	Danbury, CT 06813
ST	Nasi Lesku	4077 N.E. 5th Terrace	Ft. Lauderdale, FL 33334

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(201) 180-2231

LAW OFFICES OF  
**CHARLES D. FRANKEN, P.A.**  
BANK OF AMERICA PROFESSIONAL CENTER  
8181 WEST BROWARD BOULEVARD • SUITE 360  
PLANTATION, FLORIDA 33324

CHARLES D. FRANKEN, ESQUIRE

PHONE (954) 476-7200  
FAX (954) 424-0297  
WWW.ATTORNEY-CIVIL.COM  
E-MAIL: FRANKENCDF@AOL.COM

January 6, 2004

BY FEDERAL EXPRESS DELIVERY

Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

Re: REINSTATEMENT OF CORPORATION  
GOLEMIST, INC.

Dear Sir/Madame:

The undersigned attorney represents Golemist, Inc. in the above matter. We are enclosing your form Corporation Reinstatement in order to reinstate Golemist, Inc. through and including the year 2004.

Also enclosed is a check payable to the Florida Department of State, Division of Corporations in the amount of \$1,050.00 for this reinstatement transaction.

If you have any questions concerning this letter, please do not hesitate to contact the undersigned.

Very truly yours,

  
Charles D. Franken

CDF:cmf  
g:work\