

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED 10/2

01 FEB 23 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000061730

1. Corporation Name

GOODMAN, OLORTEGUI CONSULTING, INC.

Principal Place of Business

870 BENTLEY GREEN CIRCLE
WINTER SPRINGS FL 32708

Mailing Address

870 BENTLEY GREEN CIRCLE
WINTER SPRINGS FL 32708

← SAME → 938 Torrey Pine Dr.
Winter Springs FL 32708



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

938 Torrey Pine Dr.
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

938 Torrey Pine Dr.
Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

08/10/1995

5. FEI Number

59-3330348

Applied For

Not Applicable

City & State

Winter Springs, FL

City & State

Winter Springs, FL

Zip

32708

Country

USA

Zip

32708

Country

USA

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	GOODMAN, L.	870 BENTLEY GREEN CIRCLE	WINTER SPRINGS FL 32708
V	GOODMAN, M.	870 BENTLEY GREEN CIRCLE	WINTER SPRINGS FL 32708
			200003796882--1 -03/05/01--01012--013 ****300.00 ****300.00 LS

8. Name and Address of Current Registered Agent

GOODMAN, L.
870 BENTLEY GREEN CIRCLE
WINTER SPRINGS FL 32708

9. Name and Address of New Registered Agent

Name

GOODMAN L.
938 Torrey Pine Dr
Winter Springs, FL
32708

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

2/10/01

11. 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
L.V. GOODMAN

2/10/01

Date

407-977-3901

Daytime Phone #

CR2E040 (8/00)

2012

Goodman & Olortegui International

938 Torrey Pine Dr.
Winter Springs, FL 32708

(407) 977-3901
(407) 977-3986 fax

ljgoodman44@hotmail.com

TO: Division of Corporations

Form: Len Goodman

Re: Re-instatement of Corporation

Dear ?:


As per my phone conversation with your representative, I beg for mercy due to the fact that the annual report was sent to a prior address and I forgot to notify the state.

I would like to get back into compliance.

Please accept the belated filing and the \$ 300.

Also, please note the new address of record.

Thank you,



Len Goodman

President