

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *Paych*

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 16 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P95000089661*

1. Corporation Name

DAVID GOLLEY ENTERPRISES INCORPORATED

2. Principal Office Address

2514 Bessie St.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Delray Beach, FL

City & State

Zip

Country

Zip

Country

33444

300034169783
04/27/04--01083--004 **450.00

4. Date Incorporated or Qualified
To Do Business in Florida

11/27/1995

5. FEI Number

65-0629858

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

DAVID N. GOLLEY

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

2514 Bessie Street

Suite, Apt. #, Etc.

City

Delray Beach

State

FL

Zip Code

33444

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

D.N. Golley

Date

4/15/2004

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
CEO	DAVID N. GOLLEY	2514 Bessie Street	Delray Beach, FL 33444

REINSTATEMENT *02-04*

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:

D.N. Golley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/2004

Date

561-239-1441

Daytime Phone #

MSJC W/V
4/15/2004

DEAR Tyronne,

I hope I spelled your name correctly, if not, please Accept my Apology. For some reason I did not receive my Annual report Application for 2002, 2003, & 2004. For that reason I did not file & my corporation was made inactive. I believe the reason for this was a change in my Address. Please change my Address of Record to:

DAVID GOLLEY Enterprises Inc
2514 Bessie Street

Delray Beach, Fla. 33444

Also, if you could eliminate the late penalty fees I would be grateful. Enclosed is a check for \$4500.00 For 2002, 2003 & 2004.

Thank you,

DAVID

(P.S.) call if you
Have any questions;

501-239-1441