

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000101809

1. Corporation Name

GO EAST, INC.

Principal Place of Business

5423 NORTH BAY ROAD  
MIAMI FL 33140

Mailing Address

5423 NORTH BAY ROAD  
MIAMI FL 33140

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/17/1996

5. FEI Number

65-0733151

Applied For

Not Applicable

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DPST	POGUNTKE, ELIZABETH E	5423 NORTH BAY ROAD	MIAMI FL 33140

4000002402234-1

-01/15/98--01103--032

\*\*\*\*900.00 \*\*\*\*900.00

REINSTATEMENT

G. Alan  
Jan. 12, 1998

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KORN, GARY A  
20803 BISCAYNE BLVD., STE. 200  
AVENTURA FL 33180

Name

STUART REED ESQ.

Street Address (P.O. Box Number, Is Not Acceptable)

Historic City Hall, 6th Floor

Suite, Apt. #, Etc.

1130 Washington Avenue

City

Miami Beach, FL

State

FL

Zip Code

33139

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

REGISTERED AGENT MUST SIGN

Date

10/28/97

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information  
on intangible tax.)

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)(l), 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:

Elizabeth Anne Poguntke  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/7/98 (305) 868-8775

CR2040 (9/97)