

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM, AND

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

AND
FILED

98 NOV 30 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000039132

1. Corporation Name

GOLDAIRE, INC.

Principal Place of Business

827 N.E. 33RD STREET
BOCA RATON FL 33431

Mailing Address

827 N.E. 33RD STREET
BOCA RATON FL 33431

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

REINSTATEMENT

98

4. Date Incorporated or Qualified
To Do Business in Florida

05/01/1997

5. FEI Number

65-0760339

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
D	GOLDSTEIN, MICHAEL S	827 N.E. 33RD STREET	BOCA RATON FL 33431
D	GOLDSTEIN, BARBARA A	827 N.E. 33RD STREET	BOCA RATON FL 33431
			500002702385--7 -12/03/98--01098--018 ****750.00 ****750.00
			12/13

8. Name and Address of Current Registered Agent

FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE FL 33311-4132

9. Name and Address of New Registered Agent

Name

Michael Goldstein

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

827 NE 33 St.

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33431

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

Michael Goldstein

REQUIRED

REGISTERED AGENT MUST SIGN

Date 11/12/98

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 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)(f), 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:

Michael Goldstein REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/12/98
Date

561 241 4660
Daytime Phone #

CR2E040 (9/98)