

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000057750**

1. Corporation Name

Gus Vincent Soto, P.A.

2. Principal Office Address - No P.O. Box #

1284-B Timberlane Rd.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32312

Country

US

3. Mailing Office Address

1284 Timberlane Rd.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32312

Country

US

7. Name and Address of Current Registered Agent

Name

Gus Vincent Soto

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

1284-B Timberlane Rd

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32312

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **1-22-10**

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
0	Gus Vincent Soto	1284-B Timberlane Rd	Tallahassee, FL 32312

900167068499

01/25/10 01003-006 **458.75

10. E-mail Address: **gs@goodsettlement.com**

(To be used for future annual report notification)

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. I further certify, 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]

Gus Vincent Soto

1-22-10

850-893-7252

FILED

10 JAN 25 AM 10:11

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

REINSTATEMENT 08-10
CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

7-01-97

5. FEI Number

59-3454600

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$8.75 Additional Fee required
for a Certificate of Status**

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.