PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 SEP 20 PM 2:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000066297

1. Corporation Name
GOLDNET-MIAMI, INC.

REINSTATEMENT 98-99

Principal Place of Business	Mailing Address
8336 NW 56TH ST MIAMI FL 33166	8336 NW 56TH ST MIAMI, FL 33166

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
8318 NW 56TH ST	8318 NW 56TH ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FL	City & State: MIAMI FL
Zip: 33166 Country: USA	Zip: 33166 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 7/31/97

5. FEI Number: 65-0771764 ☐ 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
P/D/S	MARCIO JOSE BARBERO	8318 NW 56TH ST	MIAMI FL 33166

900000360065:09--3
-10/05/99--01115--015
****908.75 ****908.75

8. Name and Address of Current Registered Agent

FABIO MOBLICCI
8336 NW 56TH ST
MIAMI FL 33166

9. Name and Address of New Registered Agent

Name: FABIO MOBLICHI
Street Address (P.O. Box Number is Not Acceptable): 8318 NW 56TH ST
Suite, Apt. #, Etc.:
City: MIAMI State: FL Zip Code: 33166

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: Fabio Mobliccì Date: 8-26-99
REGISTERED AGENT MUST SIGN

11. This corporation owes 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)(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: 8.26.99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MARCIO JOSE BARBERO

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 SEP 21 PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000028991

RESORTBOOKS, INC.

Mailing Address

204 N.W. 11th Street
Delray Beach, FL 33444

204 N.W. 11th Street
Delray Beach, FL 33444

A000003006548---8
-10/05/99--01113--021
****900.00 ****900.00

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

New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt #, etc

City & State

Zip | Country

Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida 4/10/95

5. FEI Number 65-0580504 | Applied For | Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

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

Title	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
P/S/T	DAVID L. MINTER	204 N.W. 11th Street	Delray Beach, FL 33444
D	Hugh Henley	204 N.W. 11th Street	Delray Beach, FL 33444
D	TIFFANY CANT	204 N.W. 11th Street	Delray Beach, FL 33444

REINSTATEMENT 98-99 TS

8. Name and Address of Current Registered Agent

Perry & Schone, P.A.
50 S.E. 4th Avenue
Delray Beach, Fl. 33483

9. Name and Address of New Registered Agent

Name Same as 8

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

Suite, Apt. #, Etc.

City | State FL | Zip Code

10. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Mark A. Perry, Esq. Date 8/12/99

REGISTERED AGENT MUST SIGN

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 due 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: H. HENLEY 9/17/99 561-276-1974

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

CR2E040 (1/98)