

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 FEB 17 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000039967

1. Corporation Name

GOLD LEAF CARE SYSTEMS, INC.

Principal Place of Business

13625 WOODWARD DRIVE
HUDSON FL

Mailing Address

13625 WOODWARD DRIVE
HUDSON FL

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/04/1998

5. FEI Number

59-3511714

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	HOFFMAN, SHIRLEY L	P.O. BOX 1023	HUDSON FL 34673

8000003145298--2
-02/23/00--01103--010
****900.00 ****900.00

8. Name and Address of Current Registered Agent

HOFFMAN, SHIRLEY L
13625 WOODWARD DRIVE
HUDSON FL

9. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State FL Zip Code

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

Shirley L. Hoffman
REQUIRED
REGISTERED AGENT MUST SIGN

Date 2/11/2000

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 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:

Shirley L. Hoffman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/2000
Date Daytime Phone #

KE

CR2E040 (8/99)