

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
STATEMENT



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

FILED

99 OCT 20 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000074371

1. Corporation Name

GOBLINS, INC.

Principal Place of Business

10661 SW 185TH TERRACE
MIAMI FL 33157

Mailing Address

PO BOX 971789
MIAMI FL 33197

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

08/24/1998

5. FEI Number

65-0859707

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
Pres.	CARLOS HERNANDEZ	7951 SW. 198 ST.	MIAMI, FL. 33189

8. Name and Address of Current Registered Agent

HERNANDEZ, CARLOS A
10661 SW 185TH TERRACE
MIAMI FL 33157

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

REGISTERED AGENT MUST SIGN

Date 10-12-99

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-12-99

Date

Daytime Phone #

154100

03/11/99 90005039

2 10-12-99

To whom it may concern:

As of this day Oct. 12, 1999
we found out that the Annual
Report was Returned because of a
Line 12 + 13 OFFICER NAME
Address + title. I would like
The WAIVER To REINSTATE Annual
Report because we never received papers
that were returned. I understand
that Annual Report is sent + should be
received in Feb. because it is due in
May. I would like A one time
waiver for the fee.

I have enclosed the form with
Name, Address + title of the officer.

Thank You
Carlos Hernandez Pres.
Goblins, INC.
P.O. Box 971788
Miami, FL 33197