

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 MAR 31 PM 12:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P98000080709

DOCUMENT #

1. Corporation Name **GOODGUYS DEVELOPMENT CORP.**

2. Principal Office Address
21 SE First Avenue

3. Mailing Office Address
21 SE First Avenue

Suite, Apt. #, etc.
800

Suite, Apt. #, etc.
800

City & State
Miami, Florida

City & State
Miami, Florida

Zip
33131

Country
USA

Zip
33131

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida **09/17/1998**

5. FEI Number
65-0880175

Applied For
Not Applicable

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

7. Name and Address of Current Registered Agent

Name
Richard M. Brenner, Esquire

Street Address (P.O. Box Number is Not Acceptable)
21 SE First Avenue

Suite, Apt. #, Etc.
800

City
Miami

State
FL

Zip Code
33131

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 **03/13/00**

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
P/SD	Villaraos, Alfonso, Jr.	21 SE First Avenue Suite 800	Miami, Florida 33131

REINSTATEMENT 99-00 TS

10. 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] Villaraos, Alfonso Jr. 3/23/00 305/392-8899

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)