

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC 16 AM 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000087578

1. Corporation Name

GOLD XPRESS CORPORATION

Principal Place of Business

15555 NW 12TH COURT
PEMBROKE PINES FL 33028

Mailing Address

15555 NW 12TH COURT
PEMBROKE PINES FL 33028

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

10/12/1998

5. FEI Number

65-0866434

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	4 City / State / Zip
PTD	VASWANI, ANITA	15555 NW 12TH COURT	PEMBROKE PINES FL 33028

200009524482
12/16/02--01055--026 **150.00

8. Name and Address of Current Registered Agent

VASWANI, ANITA
15555 NW 12TH COURT
PEMBROKE PINES FL 33028

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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 REQUIRED
Signature of Vaswani

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/13/02
Date

954-431-9068
Daytime Phone #

CR2E040 (8/02)

Gold XPress Corporation
15555 N. W. 12th Court
Pembroke Pines, Florida 33028
(954) 431-9068

December 13, 2002

To: State of Florida
Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314-6327

Reference: Document Number P98000087578

Dear Mr. Smith,

We received a notice of administrative dissolution or revocation. According to the notice it states that we did not file our annual report/uniform business report form as required by law. Unfortunately we did not receive any forms to complete what was requested otherwise we would have promptly file the report. We are sending you a check for \$150.00 for the filing fee. We cannot afford to pay the Reinstatement fee of \$600.00 as our business has gone to an extreme loss this year.

Thank you for your understanding to this matter.

Sincerely,

Anita R. Vaswani

Anita R. Vaswani