

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN -2 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000106311

1. Corporation Name

GOODING'S GOODIES

2. Principal Office Address

531 NORTHWOOD ROAD

Suite, Apt. #, etc.

3. Mailing Office Address

531 NORTHWOOD RD

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

City & State

WEST PALM BEACH, FL

Zip

33407

Country

USA

Zip

33407

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

DEC 21, 1998

5. FEI Number

65-0354715

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

THOMAS GOODING

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

531 NORTHWOOD ROAD

Suite, Apt. #, Etc.

900009765809

12/31/02--01042--007 **150.00

City

WEST PALM BEACH

State

FL

Zip Code

33407

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

Thomas Gooding
REGISTERED AGENT MUST SIGN

Date 12-19-2

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

THOMAS GOODING

1312 COCHRAN DR.

LAKE WORTH, FL. 33461

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:

Thomas Gooding
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-19-2

Date

561-835-1990

Daytime Phone #

2/16

**Gooding's Goodies In
531 Northwood Road
West Palm Beach, FL.. 33407
Off:561-835-1990 Fax:561-835-1981**

Department of State
Division of Corporation
To Whom it may Concern:
P.O.Box 6327
Tallahassee, FL 32314

Thursday, December 19, 2002

To Whom it may Concern:

My name is Barry Bond. I am the new Manager here with "Gooding's Goodies".

I am writing this letter to inform you that I never received the 2002 Uniform Business Report. Our store, "Gooding's Goodies" was temporarily closed down for over 5 months. During that time we were trying to find a more suitable location for this type of business. At the same time, some of our mail was not forwarded to us.

I spoke with a representative of the "Division of Corporations", and was informed to ask if you could wave the penalty. I was also asked to include a check for 150.00 .

Included with this letter is the form for "Corporation Reinstatement".

We appreciate your consideration as we are endeavoring to get the business up and running.

Thank you very much for your time, and if you have any questions feel free to contact me at (561)-835-1990.

Sincerely,



Barry Bond
Store Manager

**We Sell Dream Homes One Goodie At A Time
Visit Our Web site: www.goodingsgoodies.com
OPEN 7 DAYS A WEEK!**

/corp