PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## APPLICATION FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$99000045028

1. Corporation Name

GOOS. COM, Inc.

Principal Place of Business

Mailing Address

12267 COBBLEFIELD CR N

12267 COBBLEFIELD CR N JACKSONVILLE FL 32224

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED SECRETARY OF STATE BUVISION OF CORPORATIONS

00 OCT 2 D PM 1: 38

S e, Apt.	ncipal Office Address If Applicable T. JOHNS BUFF RD. S. 3611 S #, etc. P # 10	t information and enter ailing Office Address, I T. TOHWS E #, etc. e # 10	Applicable .	To Do Busine: 5. FEI Number		05/14	//999 Applied For
& State	City & Star JAC	KSONVILLE Count		6.	3577909 OF STATUS DESIRED	\$8.75 Add	Not Applicable iitional Fee require rtificate of Status
lames le(s)	and Street Addresses of Each Officer and/or Director ( Name of Officers and/or Directors	Florida nonprofit corpor	<u> </u>	1	. (	City / State / Zip	p
)	HUANG, SHR-CHANG		HIGHVIE	W DR.	JACKSON FL 3 =	JV11LE 2225	
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						New	
	8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent				
111	ANG CUD-CHANGE		Name				
HU 12	HANG, SHR-CHANG 494 HIGHVIEW DR.	Ar is in the second	Street Address (P.O. Box Number is Not Acceptable)				
	AGKSONVILLE, FL32225		Suite, Apt. #, Etc	<del></del>			<del>·</del>
	10022-5		City		·	State Zip	Code
ature c	Agent Chy Julia	orporation, am familiar of	with and accept the o	bligations of Section	607.0505, F.S.		00

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