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APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 AUG 22 AM 11:28

DOCUMENT # **P99000065914**

1. Corporation Name

GOOD REAL ESTATE, INC.

Principal Place of Business	Mailing Address
940 SWEETWATER LANE. APT. 104 BOCA RATON FL 33431	940 SWEETWATER LANE. APT. 104 BOCA RATON FL 33431

REINSTATEMENT 00-01

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
155 S. OCEAN BLVD,	155 S. OCEAN BLVD.
Suite, Apt. #, etc. #118	Suite, Apt. #, etc. #118
City & State BOCA RATON FL	City & State BOCA RATON FL
Zip 33432 Country	Zip 33432 Country

4. Date Incorporated or Qualified To Do Business in Florida: 07/19/1999

5. FEI Number: 65-1014719 ☐ 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
PSTD	GOOD, JOSEPH	940 SWEETWATER LANE, APT. 104	BOCA RATON FL 33431
VP	GOOD, TRAVIS	940 SWEETWATER LN #104	BOCA RATON FL 33431
			8/22

8. Name and Address of Current Registered Agent

BALDOVIN, SARAGA & LIPSHY, P.A.
201 N.E. FIRST AVENUE
DELRAY BEACH FL 33444

9. Name and Address of New Registered Agent

Name: JOSEPH GOOD
Street Address (P.O. Box Number is Not Acceptable): 155 S. OCEAN BLVD #118
Suite, Apt. #, Etc.:
City: BOCA RATON State: FL Zip Code: 33432

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: _____ Date: 8-21-01

REGISTERED AGENT MUST SIGN

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: _____ JOSEPH GOOD 11-9-00 561-367-9933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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