

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -5 PM 1:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000066099

1. Corporation Name

GOEDDE & ASSOCIATES, INC.

Principal Place of Business

6251 NE 19TH TERR.  
FT. LAUDERDALE FL 33308

Mailing Address

6251 NE 19TH TERR.  
FT. LAUDERDALE FL 33308

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

07/19/1999

5. FEI Number

65-0935675

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)

Title(s)

2

Name of Officers  
and/or Directors

3

Street Address of Each  
Officer and/or Director

4

City / State / Zip

PST

GOEDDE, DEBORAH

6251 NE 19 TERR

FORT LAUDERDALE FL 33308

900008814349  
11/05/02--01107--014 \*\*150.00

8. Name and Address of Current Registered Agent

GOEDDE, DEBORAH

6251 NE 19TH TERR.

FT. LAUDERDALE FL 33308

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

*Deborah Goedde*  
**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:

*Deborah Goedde*  
**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/02)

**Goedde & Associates, Inc.**

6251 NE 19 Terrace  
Fort Lauderdale, Florida 33308-1312  
(954) 229-0909 Telephone

October 30, 2002

Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

Re: Goedde & Associates, Inc. Doc# P99000066099

Dear Division of Corporations:

This letter is to appeal the reinstatement fee of \$750 required by September 13, 2002.

In July 2002, a second notice for the 2002 UBR was received and paid with a check for \$150 (see attached check copy # 1285). The notice also included a request that this \$150 fee be accepted because the previous notice were not received. No further notices were received until the Notice of Administrative Dissolution or Revocation on or about October 4, 2002. Our research revealed the check for \$150 was never cleared by our bank. We confirmed with the Division of Corporations that nothing was received in July 2002.

Enclosed please find a copy of the check and bank statement showing that the check never cleared. We ask that you accept the enclosed check for \$150 for the 2002 UBR fee and reinstate the corporate for the current year.

If you have any questions, please do not hesitate to call.

Sincerely,



Deborah Goedde,  
President of Goedde & Associates, Inc.