

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000093288

1. Corporation Name

Goldfire T.C. International, Inc.

2. Principal Office Address

7500 Ulmerton Road

Suite, Apt. #, etc.

#27

City & State

Largo, FL

Zip

33771

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date incorporated or Qualified
To Do Business in Florida

10/22/99

5. FED Number

59-3631218

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

SEE INSTRUCTIONS

REINSTATEMENT 02 03

7. Name and Address of Current Registered Agent

Name

Charles M. Harris

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

101 E. Kennedy Blvd.

Suite, Apt. #, etc.

Suite 2700

City

Tampa

State

FL

Zip Code

33602-6130

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0606 or 617.0603, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date August 4, 2003

9. Name 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
D	Frank Masyada	7500 Ulmerton Road, #27	Largo, FL 33771

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 218.07(3)(f), 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

Frank Masyada, Director

8/4/03

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

727-522-4753
8/4/03

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Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : TRENAM, KEMKER, SCHARF, BARKIN, FRYE, O'NEILL & MULLIS, P.A.
Account Number : 076424003301
Phone : (813) 223-7474
Fax Number : (813) 229-6553

JTM 99-0100

CORPORATION REINSTATEMENT

COLDFIRE T.C. INTERNATIONAL, INC.

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Estimated Charge	\$908.75