

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # S77790

1. Entity Name
GOLD PLAZA, INC.



FILED

05 OCT 21 PM 12: 31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
% A TOUCH OF GOLD
5015 WESTHEIMER #1306
HOUSTON, TX 77056-5610

Mailing Address
P.O. BOX 1871
STAFFORD, TX 77497

2. Principal Place of Business

3. Mailing Address
7500 BELLAIRE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.
STE 612

City & State

City & State
HOUSTON, TEXAS

Zip

Country

Zip
77036

Country

10132005

REIN-P

CR2E098 (6/04)

4. FEI Number

65-0275132

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LIT-MO, MOK
1700 W. NEW HAVENS AVE.
MELBOURNE, FL 32904

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME ALI, MEHMOOD
STREET ADDRESS 5015 WESTHEIMER, #1306
CITY-ST-ZIP HOUSTON, TX

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #