

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED

97 JAN -2 PM 4:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V70216

1. Corporation Name

GOOCHY GOO, INC.

Principal Place of Business

C/O THERESE R. FIORE
8516 WOODDRIFT DR.
TAMPA FL 33604

Mailing Address

C/O THERESE R. FIORE
8516 WOODDRIFT DR.
TAMPA FL 33604

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

2. New Principal Office Address, If Applicable

8516 WOODDRIFT DR

Suite, Apt. #, etc.

Tampa

3. New Mailing Office Address, If Applicable

8516 WOODDRIFT DR

Suite, Apt. #, etc.

Tampa

City & State

Tampa & FLORIDA

City & State

Tampa, FLORIDA

Zip

33615

Country

Zip

33615

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/05/1992

5. FEI Number

59-3154033

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	FIORE, THERESE R.	8516 WOODDRIFT DR.	TAMPA FL 33604
ST	JOHNSON, MARVIN A	8516 WOODDRIFT DR.	TAMPA FL 33604

400002050254--4

-01/03/97--01036--030

***375.00 ***375.00

JB 1-3-97

8. Name and Address of Current Registered Agent

FIORE, THERESE R.
8410 N. TALIAFERRO AVE.
TAMPA FL 33604

9. Name and Address of New Registered Agent

Name
FIORE, THERESE R.
Street Address (P.O. Box Number is Not Acceptable)
8516 WOODDRIFT DR.
Suite, Apt. #, Etc.

City
TAMPA,

State
FL

Zip Code
33615

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0805, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 12.29.96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

[Signature] S-T (0)

12.30.96

Date

Daytime Phone #

CR2040 (7/96)