

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR -2 PM 12: 26

DOCUMENT # 719233

1. Corporation Name

THE GOLD COAST CHAPTER, INC OF
THE DOOR AND HARDWARE INSTITUTE

2. Principal Office Address - No P.O. Box #

c/o Timothy A. Reilly AHC 96 Timothy A. Reilly AHC

Suite, Apt. #, etc.

1051 EAST 49TH STREET

City & State

HiALESS, FL

Zip

33013

Country

DADE

3. Mailing Office Address

c/o Timothy A. Reilly AHC 96 Timothy A. Reilly AHC

Suite, Apt. #, etc.

1051 EAST 49TH STREET

City & State

HiALESS, FL

Zip

33013

Country

DADE

RF

CR2E081 (12/07)

B 4/2/08
06-08

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Timothy A. Reilly AHC

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

1070 E COUNTRY CLUB CIRCLE

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33317

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Timothy A. Reilly AHC

REGISTERED AGENT MUST SIGN

Date 3-27-08

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

9. Names 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
PD	MEAD, BRIAN	7530 HAZELWOOD CIRCLE	LAKE WORTH, FL 33467
VD	Podell, Gene	7435 CENTRAL INDUSTRIAL DR STE A	RIVIERA BEACH, FL 33404
SD	MORENO, Jacqueline	4800 SW 61 ST ST STE 104	DAVIE, FL 33314
TD	Reilly, Timothy AHC	1070 E COUNTRY CLUB CIR	PLANTATION, FL 33317
REINSTATEMENT 06-08			
04/02/08--01034--011 ***358.75			

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 contained in Chapter 119, 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:

Timothy A. Reilly AHC

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-08

Date

305-688-6653

Daytime Phone #