

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2013 JUL 26 PM 9:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 762322

1. Corporation Name  
FLORIDA GOLD COAST PURCHASING MANAGEMENT ASSOCIATION, INC.  
W13-37819

2. Principal Office Address - No P.O. Box #  
1123 SW 25th AVE.  
Suite, Apt. #, etc.

3. Mailing Office Address  
SAME  
Suite, Apt. #, etc.

City & State  
DEERFIELD BEACH

City & State  
DEERFIELD BEACH

Zip Country  
33442 USA

Zip Country  
33442 USA

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida  
MARCH 8, 1982

5. FEI Number  
592171058  
Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED  
YES  
\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
TIMOTHY R. JOHNSON

Street Address (P.O. Box Number is Not Acceptable)  
1123 SW 25th AVE.  
Suite, Apt. #, Etc.

City State Zip Code  
DEERFIELD BEACH FL 33442

07/26/13--01033--001 \*\*61.25

700249337677

06/27/13--01033--014 \*\*1837.50

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 [Signature] Date 5/6/2013  
REGISTERED AGENT MUST SIGN

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
PRES.	TIMOTHY R. JOHNSON	1123 SW 25th AVE	DEERFIELD Bch, FL 33442
VP & Sec.	SUSAN KADENBACH	2455 PORT WEST BLVD. CRS/PDC	WEST PALM Bch, FL 33407
T	IVY DEFINO	8030 Peters Rd, SUITE D-103	PLANTATION, FL 33324

10. E-mail Address: timothy.johnson@mutualofamerica.com  
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE: [Signature] DATE 6/25/2013 DAYTIME PHONE # 561.241.4024  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

cc 7/29