

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # M93272**  
 1. Entity Name  
**GOLD COAST MERRIMAC BEACH HOTEL, INC.**



FILED  
 05 NOV 17 PM 12:36  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business 2400 EAST LAS OLAS BLVD, SUITE 321 FT. LAUDERDALE, FL 33301	Mailing Address 2400 EAST LAS OLAS BLVD, SUITE 321 FT. LAUDERDALE, FL 33301
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2. Principal Place of Business 529 N. Atlantic Blvd Suite, Apt. #, etc.	3. Mailing Address 529 N. Atlantic Blvd Suite, Apt. #, etc.
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10052005 REINSTATEMENT GR2E098 (6/04) 05

City & State Ft. Lauderdale FL	City & State Ft. Lauderdale FL	4. FEI Number 65-0077369	Applied For <input type="checkbox"/> Not Applicable
Zip 33304	Country USA	Zip 33304	Country USA

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**NAPLES-LAWDOCK, INC.**  
 1395 PANTHER LANE, SUITE 300  
 NAPLES, FL 34109

7. Name and Address of New Registered Agent  
 Name: **Nitin Motwani**  
 Street Address (P.O. Box Number is Not Acceptable): **2400 E Las Olas Blvd # 324**  
 City: **Ft. Lauderdale** FL Zip Code: **33301**

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]* DATE: **10/12/05**

Signature, title or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS	
TITLE	D MOTWANI, RAMOLA <input type="checkbox"/> Delete
NAME	2400 EAST LAS OLAS BLVD, SUITE 321
STREET ADDRESS	FT. LAUDERDALE, FL 33301
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D Motwani, Ramola <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2400 E Las Olas Blvd # 324
STREET ADDRESS	Ft. Lauderdale, FL 33301
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 empowered.

SIGNATURE: *[Signature]*