

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 FEB 19 AM 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P96000098638*

1. Corporation Name

GOLD COAST BALLROOM INC

2. Principal Office Address

1415 LYONS Rd.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

COCONUT CREEK FL

Zip

Country

Zip

Country

33063

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-071975

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

VINCENT MUNNO

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

1415 LYONS Rd.

Suite, Apt. #, Etc.

City

COCONUT CREEK

State

FL

Zip Code

33063

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

Vincent Munno

Date

2/13/03

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
<i>D</i>	<i>JEFFREY SANDLER</i>	<i>263 SABAL PALM TERR</i>	<i>BOCA RATON, FL 33432</i>
<i>D</i>	<i>VINCENT MUNNO</i>	<i>263 SABAL PALM TERR</i>	<i>BOCA RATON, FL 33432</i>

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 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:

Vincent Munno

VINCENT MUNNO

2/13/03

561-391-3238

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E061 (10/02)

2/20