

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB 26 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000032820**

1. Corporation Name

GOLD COAST AMUSEMENT INC

2. Principal Office Address

4179 PINWOOD LN

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

WESTON FL

City & State

Zip

33331

Country

U.S.A

Zip

33331

Country

4. Date Incorporated or Qualified
To Do Business in Florida

4/18/1998

5. FEI Number

65-0824534

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

1999-2004

7. Name and Address of Current Registered Agent

Name

SAMUEL AIGES

REINSTATEMENT

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

4179 PINWOOD LN

Suite, Apt. #, Etc.

980030473489

03/15/04--01048--006 **900.00

City

WESTON

State

FL

Zip Code

33331

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

Samuel Aiges

REGISTERED AGENT MUST SIGN

Date **2-25-04**

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 |
|-----------|-----------------------------------|--|--------------------|
| President | SAMUEL AIGES | 4179 PINWOOD LN | WESTON FL 33331 |
| | | | |
| | | | |
| | | | |
| | | | |

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:

Samuel Aiges

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-04

Date

Daytime Phone #

954-868-4333

CR3E061 (01/04)

15

4179 PINWOOD LANE
WESTON FL 33331
TEL- 954-868-4333
FAX-954-252-4459

2 of 2

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GOLD COAST AMUSEMENT

25 February, 2004

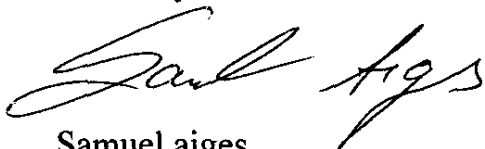
DEPARTMENT OF STATE
DIVISION OF CORPORATION
409 EAST GAINES ST
TALLAHASSEE FL 32399

Dear Sir or Madam:

I would like to reinstate the corporation Gold Coast Amusement.

Please wave any penalty fee as we did not received 1999 uniform
buissness report

Sincerely,



Samuel aiges
president

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