

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 770978

1. Corporation Name

GOLD COAST DRESSAGE ASSOC., INC.

Principal Place of Business

14457 DRAFT HORSE LN.
WELLINGTON, FL 33414

Mailing Address

14457 DRAFT HORSE LN.
WELLINGTON, FL 33414

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/28/1983

5. FEI Number

65-0122084

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
IP	O'SULLIVAN, NOREEN	14457 DRAFT HORSE LANE	WEST PALM BEACH FL 33414
DVP	JOHN ZOPATTI	1732 HARBOURSIDE CIRCLE	WEST PALM BEACH, FL 33414
S	SUZY COOK	6248 N.W. 43RD ST. (Coral Springs)	CORAL SPRINGS, FL 33067
D2VP	JOHNNY ROBB	3588 C ROAD	LOXAHATCHEE, FL 33470
D			
DT	SHARON SPICKARTAUER	4124 HYACINTH PL.	WEST PALM BEACH, FL 33414

8. Name and Address of Current Registered Agent

FREEDMAN, MARY S
8730 TWIN LAKE DRIVE
BOCA RATON FL 33496

9. Name and Address of New Registered Agent

Name

NOREEN - O'SULLIVAN

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

14457 DRAFT HORSE LANE

Suite, Apt. #, Etc.

City

WELLINGTON

State

FL

Zip Code

33414

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Noreen O'Sullivan

REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/08/02

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., 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:

Noreen O'Sullivan President (Noreen O'Sullivan)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/08/02 561-333-6250

CR2E040 (8/02)

FILED
Nov 20, 2002 8:00 A.M.
Secretary of State

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11/21/02--01097--001 **236.25



REINSTATEMENT 02