

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 524600

1. Corporation Name

GOLD COAST HEALTH CENTER, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 NOV 12 PM 12:32

Principal Place of Business

3370 NORTHWEST 47TH TERRACE  
LAUDERDALE LAKES FL 33319-6701

Mailing Address

3370 NORTHWEST 47TH TERRACE  
LAUDERDALE LAKES FL 33319-6701

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

01/24/1977

5. FEI Number

59-1812826

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT

*[Signature]*

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

Title(s)

Name of Officers  
and/or Directors

Street Address of Each  
Officer and/or Director

City / State / Zip

PS

LAMPERT, GARY

3370 NW 47 TERR,

LAUDERDALE LKS FL 33319

400008938894  
11/12/02 01084 021 \*\*750.00

8. Name and Address of Current Registered Agent

LAMPERT, GARY  
3370 N.W. 47TH TERRACE  
LAUDERDALE LAKES FL 33319

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

*[Signature]*  
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11/8/02

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:

*[Signature]*  
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/8/02  
Date

954  
733-0655  
Daytime Phone #

CR2E040 (8/02)