

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

• APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 524600

1. Corporation Name

GOLD COAST HEALTH CENTER, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT 15 AM 10:31

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

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSD	LAMPERT, GARY Alan Goldberg	3370 NW 47 TERR,	LAUDERDALE LKS FL 33319

600024257536
10/23/03--01067--004 **750.00

8. Name and Address of Current Registered Agent

~~LAMPERT, GARY~~
3370 NW 47TH TERRACE
LAUDERDALE LAKES FL 33319
Charles W. Throckmorton
Kozyak Tropin & Throckmorton
200 S. Biscayne Blvd,
Suite 2800
Miami, FL 33131

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]

REGISTERED AGENT MUST SIGN

Date 10/14/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/03
Date

305-372-1100
Daytime Phone #

CR2E040 (7/03)