

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 # **F49806**

1. Corporation Name

GOLD COAST ASSEMBLIES, INC.

Principal Place of Business

3303 S.W. 11TH AVENUE
FT. LAUDERDALE FL 33315

Mailing Address

3303 S.W. 11TH AVENUE
FT. LAUDERDALE FL 33315

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

2. New Principal Office Address, If Applicable

1555 APEX RD

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

SARASOTA FL

Suite, Apt. #, etc.

City & State

34240 SARASOTA

City & State

Zip

34240

Country

SARASOTA

Zip

Country

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
PTD	SWIATKOWSKI, MARY E	6858 ARECA BLVD	SARASOTA FL 34241
VP	SWIATKOWSKI, JOSEPH E	6858 ARECA BLVD.	SARASOTA FL 34241
VP	SWIATKOWSKI, JOSEPH E	6858 ARECA BLVD.	SARASOTA FL 34241
		300024259963 10/29/03-01071-005	**150.00

8. Name and Address of Current Registered Agent

SWIATKOWSKI, JOSEPH E.
6858 ARECA BLVD.
SARASOTA FL 34241-7106

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

CR2E040 (7/03)

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

REGISTERED AGENT MUST SIGN

Date

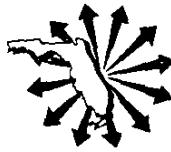
10/27/03

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 *Joseph E. Swiatkowski* *10/27/03* *944-378-5774*

Date

Daytime Phone #



GOLD COAST WIRE ASSEMBLIES, INC.

10/27/03

Gold Coast Assemblies Inc did not receive the UDR notice for 2003. We have four other Florida Operations and all of the UDR were filed in the month of January. Our renewal has never been a problem. I am requesting reinstatement based on never receiving the form.

Yours truly
Joseph J. Wenzel
V.P. & Agent

Sales
315 Magnolia Ave.
Merritt Is., FL 32952
(407) 453-2805
Fax: (407) 452-2360

Corporate
1555 Apex Road
Sarasota, FL 34240
(813) 378-5774
Fax: (813) 379-9015

WIRE - CABLE - ASSEMBLY - COMPONENTS