

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2021 OCT 27 PM 12:53

DOCUMENT #F69162

1. Corporation Name
Gold Coast Management, Inc.

2. Principal Office Address - No P.O. Box #
1001 N Southlake Drive

3. Mailing Office Address
1001 N Southlake Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Hollywood, FL

City & State
Hollywood, FL

Zip **33019** Country
USA

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USA

4. Date Incorporated or Qualified To Do Business in Florida **02/25/1982**

5. FEI Number
59-2163312

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED **\$8.75 Additional Fee required for a Certificate of Status**

CR2E081 (11/10)

300375700973
10/27/21--01003--007 **3750.00

7. Name and Address of Current Registered Agent

Name
Martin H Lewis

Street Address (P.O. Box Number is Not Acceptable)
1001 N Southlake Drive

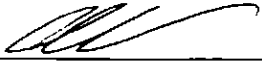
Suite, Apt. #, Etc.

City **Hollywood** State **FL** Zip Code **33019**

A. RIVERS

OCT 27 2021

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  Date **10/27/2021**

REGISTERED AGENT MUST SIGN

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
PD	Martin H Lewis	1001 N Southlake Drive	Hollywood, FL, 33020

REINSTATEMENT

Rivers

2001-2021

10. E-mail Address: **mhlewis@bellsouth.net**

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:  Date **10/22/21** 954-868-5112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #