

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 OCT 17 PM 4:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J10954

1. Corporation Name

GOSMAN CAPITAL FUND CORPORATION

2. Principal Office Address - No P.O. Box #

622 North Flagler Drive

Suite, Apt. #, etc.

202

City & State

West Palm Beach, FL

Zip

33401

Country

U.S.A.

3. Mailing Office Address

622 North Flagler Drive

Suite, Apt. #, etc.

202

City & State

West Palm Beach, FL

Zip

33401

Country

U.S.A.

REINSTATEMENT

700137013657
10/17/08--01021--015 **1808.75

CR2E081 (10/08)

4. Date Incorporated or Qualified
To Do Business in Florida

4/24/1986

5. FEI Number

59-2677385

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

7. Name and Address of Current Registered Agent

Name M. Timothy Hanlon

Alley, Maass, Rogers & Lindsay, P.A.

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

340 Royal Poinciana Way

Suite, Apt. #, Etc.

321

City

Palm Beach

State

FL

Zip Code

33480

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

M. Timothy Hanlon

REGISTERED AGENT MUST SIGN

Date 10/3/08

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
PTSD	Abraham D. Gosman	622 North Flagler Dr, Ste 202	West Palm Beach, FL 33401

10. 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 contained in Chapter 119, 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

10/1/08

Date

561
650-1999

Daytime Phone #

2010/20