PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

J97506

1. Corporation Name

GOLD COAST BUSINESS SYSTEMS, INC.

Principal Place of Business

Mailing Address

1400 COMMERCE BLVD

-1400-COMMERCE-BLVD

STE O

- Suite-6 - Sarasota-FL-34243

GARASOTA, FL 04240

HS

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



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If above a	addresses are incorrect in any way, line thro	ough incorrect information and enter	correction below.				
		New Mailing Office Address, If	ng Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 10/15/1987		
Suite, Apt.	H Dannington Court	L City & State 1 / H-	on Court	5. FEI Number 65- (0022186	Applied For Not Applicable	
2ip 342	18010 FL 338 Country	zii34238 count	ry	6. CERTIFICATE OF ST	ATUS DESIRED X S8.7	75 Additional Fee required or a Certificate of Status	
7. Names	and Street Addresses of Each Officer and/	or Director (Florida nonprofit corpor	ations must list at lea	ast 3 directors)			
Title(s)	Name of Officers and/or Directors		reet Address of Each fficer and/or Director		City / Sta	ate / Zip	
PST	RICARD, DENNIS E.	1400 COMMERCI 6241 D	6241 Donning ton Court			SARASOTA FL 34243 34238	
Ÿ .	RICARD, BRENDA S	1400 COMMERCI 62,41 ()	onningto	on Court SARA	ASOTA FL -34243	34a38	
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					****758.75	****158.75	
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Name and Address of Current Registered Agent				9. Name and Address of New Registered Agent			
-SUITE 1	- MARK L. - FEDERAL HIGHWAY 109- IDERDALE FL 33316	Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.					
,			city Sara	50ta	State FL	34338	

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.

Signature of Registered Agent

Brendo Sor R

REGISTERED AGENT MUST SIGN

Date 1020 26, 2001

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

Mrc. 26 201

941-359-211

Daytime Pho

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