

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 OCT 31 AM 8:57

mtu
11/3

DOCUMENT # K96471

1. Corporation Name

GOLD COAST SCREEN SERVICE, INC.

Principal Place of Business
2960 N.W. BOCA RATON BLVD.
SUITE 11
BOCA RATON FL 33431

Mailing Address
2960 N.W. BOCA RATON BLVD.
SUITE 11
BOCA RATON FL 33431



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

4. Date Incorporated or Qualified
To Do Business in Florida

06/16/1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0128852

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PTD	DAVIS, GREGORY	5107 PINETREE DRIVE	DELRAY BEACH FL
SD	HETLAND, SUSAN	9592 SADDLEBROOK DRIVE 8550 NW 49th DR	BOCA RATON FL CORAL SPRINGS
VD	MYERS, TIMMIE D.	1215 SEAVIEW	N. LAUDERDALE FL
D	MYERS, GEORGE	9592 SADDLEBROOK DR. 8550 NW 49th Drive	BOCA RATON FL CORAL SPRINGS
			700002337417-9 -11/04/97-01035-015 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HETLAND, SUSAN W.

~~9592 SADDLEBROOK DR~~
~~BOCA RATON FL 33431~~

8550 NW 49th DR
CORAL SPRINGS, FL
33607

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.

Signature of
Registered Agent

Susan Hetland
REGISTERED AGENT MUST SIGN

Date

10/29/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on Intangible tax.)

12. 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:

Susan Hetland
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SUSAN HETLAND

10/29/97
Date

561/368-4400
Daytime Phone #