

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
03 OCT 28 PM 5:15  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

1. **DOCUMENT #** L01000022781

Name and Mailing Address

0013146 01 AT 0.292 \*\*AUTO T7 0 0615 33498-679799  
GOLD COAST HOLDINGS LLC  
20423 STATE ROAD 7  
F6-319  
BOCA RATON FL 33498-6797

US

**MJH**



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 12/31/2001	
Principal Place of Business 7701 NW 56TH AVENUE #2 POMPANO BEACH FL 33073 US	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 03-0421883	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent SMALL, LEANDER M 11055 LAKEAIRE CIRCLE BOCA RATON FL 33498		9. Name and Address of New Registered Agent Name <u>Junc Isenberg</u> Street Address (P.O. Box Number is Not Acceptable) <u>7704 Stanway Place E</u> <u>BOCA RATON</u> City <u>FL</u> Zip <u>33433</u>	
---	--	--	--

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent Junc Isenberg **SIGNATURE REQUIRED** Date 10/21/03  
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	ALBERT, DEBBIE	20423 STATE ROAD 7, F6-319	BOCA RATON FL 33498

**REINSTATEMENT** 9003

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager Debbie Albert **SIGNATURE REQUIRED** Date 10/20/03 Daytime Phone # 954-422-7388  
561-477-3070

Typed or printed name of signing Managing Member/Manager

CR2E084 (7/03)