

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 NOV -6 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000029154

Name and Mailing Address

0004908 01 AT 0.292 **AUTO TO 0 0615 33027-556717



GOLD COAST VENDING SERVICES, LLC
12817 S.W. 54TH COURT
MIRAMAR FL 33027-5567



2. New Mailing Address

12817 SW 54 Ct.

City, State, Zip

Miramar, FL 33027

Principal Place of Business

12817 S.W. 54TH COURT
MIRAMAR FL 33027

3. New Principal Place of Business Address

12817 SW 54 Ct.

City, State, Zip

Miramar, FL 33027

4. State/Country of Formation
FL

5. Date Organized or Qualified
To Do Business in Florida

10/31/2002

6. FEI Number

300125557

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

MERCY GRACE DAMATA
12817 S.W. 54TH COURT
MIRAMAR FL 33027

9. Name and Address of New Registered Agent

Name

Mercy Da Mata

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

12817 S.W. 54 Ct.

City

Miramar

FL

Zip Code

33027

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

[Signature] **SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date 10/17/03

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
P	Mercy Da Mata	12817 SW 54 Ct.	Miramar, FL 33027
			200024001802 10/22/03--01013--021--**155.00--

REINSTATEMENT

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dec

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

[Signature] **SIGNATURE REQUIRED**

Date 11-1-03

Daytime Phone # 305-829-8398

Typed or printed name of signing Managing Member/Manager

Mercy Da Mata

CR2E034 (7/03)