

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM AND FILED

**APPLICATION FOR REINSTATEMENT**



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

97 OCT 30 AM 8:53

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **L63635**

1. Corporation Name

**GOLD COAST AERIAL & CRANE RENTAL, INC.**

Principal Place of Business

4251 SOUTH PINE AVE.  
 Ocala FL 32671-7111

Mailing Address

~~4251 SOUTH PINE AVE.~~ **4450 N. 29th AVE**  
~~OCALA FL 32671-7111~~ **HOLLYWOOD, FL.**  
**33020**



**REINSTATEMENT 97**

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   |  |
| Suite, Apt. #, etc.                            |  | Suite, Apt. #, etc.                          |  | 04/04/1990  |  |
| City & State                                   |  | City & State                                 |  | 5. FEI Number   |  |
| Zip  |  | Country                                      |  | 59-3139425  |  |
|  |  |  |  | 6. CERTIFICATE OF STATUS DESIRED  |  |
|  |  |  |  | <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status<br><input type="checkbox"/> Not Applicable |  |

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 |
|------------|-------------------------------------|---|----------------------|
| DPS        | GLASSER, GENE K.                    | 2021 TYLER ST.  | HOLLYWOOD FL         |
| T          | GLASSER, GENE K.                    | 2021 TYLER ST.  | HOLLYWOOD FL         |
|            |                                     |   |                      |
|            |                                     |   |                      |
|            |                                     |   |                      |
|            |                                     |   |                      |
|            |                                     |   |                      |

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 \*\*\*\*\*758.75 \*\*\*\*\*758.75  
 8/10/3

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

|   |  |                    |
|---|--|--------------------|
| FRANK VILLELLA<br>4450 N 29TH AVE<br>HOLLYWOOD FL 33020 | Name   |                    |
|   | Street Address (P.O. Box Number is Not Acceptable) |                    |
|   | Suite, Apt. #, Etc.                                |                    |
|   | City   | State<br><b>FL</b> |
|   |  | 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: Frank Vilella Date: 10/27/97  
 REGISTERED AGENT MUST SIGN

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: Gene Glasser Date: 10/27/97 (954) 922-6782  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/97)