

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 APR 12 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L70147**

1. Corporation Name

Goldsel / Retreat, Inc.

2. Principal Office Address

P.O. Box 566510

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33256

Country

USA

3. Mailing Office Address

P.O. Box 566510

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33256

Country

USA

REINSTATEMENT

00-01

**4. Date Incorporated or Qualified
To Do Business in Florida**

5/03/90

SP

5. FEI Number

65-0195462

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

B & C Corporate Services, Inc.

000004035230-4

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

201 S. Biscayne Blvd.

-04/20/01--01057--031

******900.00 ****900.00**

Suite, Apt. #, Etc.

Suite 3000

City

Miami

State

FL

Zip Code

33131

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Quetta Delon, VICE PRESIDENT

Date **3/29/01**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D,C	James S. Cassel	800 Douglas Road, Suite 245	Coral Gables, Florida 33134
VP	Nancy J. Ansley	17103 SW 78 Place	Miami, Florida 33157

10. 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:

Nancy J. Ansley, V.P.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/01

Date

305-889-6200

Daytime Phone #

CR2E081 (9/00)