

M20000008628

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

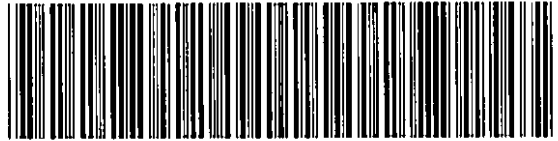
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



000353964490

RECEIVED

2020 OCT 22 PM 2: 24

FLORIDA STATE
DIVISION OF CORPORATION
TALLAHASSEE, FLORIDA

FILED

2020 OCT 22 AM 10: 07

FLORIDA STATE
DIVISION OF CORPORATION
TALLAHASSEE, FL

OCT 23 2020

RECEIVED

2020 OCT 22 PM 2:09

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

STATE OF FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ACCOUNT NO. : I20000000195

REFERENCE : 465685 4324340

AUTHORIZATION :

Lyndee Coleman

COST LIMIT : \$ 25.00

ORDER DATE : October 22, 2020

ORDER TIME : 12:51 PM

ORDER NO. : 465685-010

CUSTOMER NO: 4324340

FICTITIOUS NAME REGISTRATION

FICTITIOUS NAME: GOLD COAST PRO SCHOOLS, LLC

Withdrawal
Please file the attached ~~registration~~ of the fictitious name shown above and return the document(s) indicated below:

Certified Copy
 Plain Stamped Copy
 Certificate of Status

CONTACT PERSON: Amanda Robinson - Ext. 62968

EXAMINER'S INITIALS: _____

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 465685 4324340
AUTHORIZATION : *Lynette Coleman*
COST LIMIT : \$ 25.00

ORDER DATE : October 22, 2020
ORDER TIME : 12:51 PM
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CUSTOMER NO: 4324340

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Certified Copy
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CONTACT PERSON: Amanda Robinson - Ext. 62968

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gold Coast Professional Schools, LLC
(Name of Limited Liability Company)

DOCUMENT NUMBER: M20000008628

The enclosed *Resolution of the members, managers, or other authorized persons to Withdraw the Alternate name for use in Florida* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kathleen Seavy
(Name of Contact Person)

Finn Dixon & Herling, LLP
(Firm/Company)

Six Landmark Square
(Address)

Stamford, CT 06901
(City/State and Zip Code)

For further information concerning this matter, please call:

Kathleen Seavy at (203) 355-3844
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for the following amount:

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) |
|---|---|--|---|

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**RESOLUTION TO WITHDRAW
ALTERNATE NAME IN THE STATE OF
FLORIDA PURSUANT TO
605.0906 (1), FLORIDA STATUTES**

I, the undersigned, do hereby certify that I am the Authorized Person of

Gold Coast Professional Schools, LLC

_____, a limited liability
(Name of Limited Liability Company)

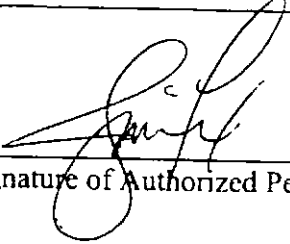
company duly organized and existing under the laws of Delaware

(State or Country of Organization)

Because the name of this foreign limited liability company now satisfies the requirements of s. 605.0112, Florida Statutes, the limited liability company hereby renounces the following alternate name in the state of Florida:

Gold Coast Pro Schools, LLC

(Alternate Name Renounced in State of Florida)



Signature of Authorized Person

10/21/2020

Date

Make check payable to Florida Department of State and mail to:

**Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**

2020 OCT 22 AM 10:07
STATE DEPARTMENT OF REVENUE

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
 2020 OCT 22 AM 9:44
 DIVISION OF STATE
 TALLAHASSEE, FL

DOCUMENT # N15000010075

1. Corporation Name
Lake Jackson After School
Enrichment Center, Inc.

2. Principal Office Address - See P.O. Box #
1229 W. THARPE ST.

3. Mailing Office Address
P.O. BOX 14743

State Abb. # etc.

State Abb. # etc.

City & State
Tallahassee, Fl.

City & State
Tallahassee, Fl.

Zip
32303

Country
UNITED STATES

Zip
32317

Country
UNITED STATES

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

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
Gregory E. Gathers
Street Address (P.O. Box Number's Not Acceptable)
1578 Goodwood Drive

State Abb. # etc.

City
Tallahassee

State
FL

Zip Code
32308

600354145016
10/22/20--01001--020 **516.25

8. I am 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
Gregory E. Gathers
REGISTERED AGENT MUST SIGN

Date 10/22/2020

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

No.	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City, State, Zip
P	Gregory E. Gathers	1578 Goodwood Drive	Tallahassee, Fl. 32308
V	Jo Gathers	1578 Goodwood Drive	Tallahassee, Fl. 32308
O	Dale Washington, Jr.	5607 Long Knife Ct.	Tallahassee, Fl. 32317

OCT 23 2020

10. E-mail Address: jogathers@yahoo.com
(To be used for future annual report notification)

11. I certify that I am an officer or director of the corporation 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. and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in an application to the Department of State constitutes a third-degree felony as provided for in s. 37.155, F.S.

SIGNATURE: Gregory E. Gathers Date 10/22/20 Daytime Phone # 850-
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR