

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

MAY 11 AM 8:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M72577**

1. Corporation Name

Gold Coast Power, Inc.

2. Principal Office Address

3. Mailing Office Address

2143 SW 31ST Street P.O. Box 2187

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT Lauderdale, FL

City & State

FT Lauderdale, FL

Zip

Country

Zip

Country

33312

Broward

33303-2187 Broward

4. Date Incorporated or Qualified
To Do Business in Florida

03-09-1982

5. FEI Number

65-6045219

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

Raul M. Saenz C.P.A.

400034458774

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

8180 NW 36TH Street

04/28/04--01058--017 **750.00

Suite, Apt. #, Etc.

Suite 100

400034458774

05/13/04--01067--013 **150.00

City

Miami, FL

State

FL

Zip Code

33166

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

Raul M. Saenz

Date **04-11-04**

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
PSTD	John Rubano	409 Isle of Capri	FT Lauderdale, FL 33301

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres

4-24-04

Date

954-523-7217

Daytime Phone #