

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # M93272

1. Entity Name
GOLD COAST MERRIMAC BEACH HOTEL, INC.



FILED

05 NOV 17 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**2400 EAST LAS OLAS BLVD, SUITE 321
FT. LAUDERDALE, FL 33301**

Mailing Address
**2400 EAST LAS OLAS BLVD, SUITE 321
FT. LAUDERDALE, FL 33301**



2. Principal Place of Business
529 N. Atlantic Blvd

3. Mailing Address
529 N. Atlantic Blvd

Suite, Apt. #, etc.

10052005 REIN: P GR2E098 (6/04) 05

City & State
Ft. Lauderdale FL

City & State
Ft. Lauderdale FL

Zip
33304

Country
USA

Zip
33304

Country
USA

4. FEI Number
65-0077369

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**NAPLES-LAWDOCK, INC.
1395 PANTHER LANE, SUITE 300
NAPLES, FL 34109**

7. Name and Address of New Registered Agent

Name
Nitin Motwani

Street Address (P.O. Box Number is Not Acceptable)
2400 E Las Olas Blvd # 324

City
Ft. Lauderdale

FL

Zip Code
33301

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature of new or current registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

10/12/05
DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOTWANI, RAMOLA 2400 EAST LAS OLAS BLVD, SUITE 321 FT. LAUDERDALE, FL 33301 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Motwani, Ramola 2400 E Las Olas Blvd # 324 Ft. Lauderdale, FL 33301 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

[Signature]