


2004 AR

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUL 16 AM 8:00

DOCUMENT # **NO6431**

1. Corporation Name

**Gold Coast Treasury
management Association, Inc**

2. Principal Office Address **c/o Comerica
2800 Weston Road**

3. Mailing Office Address **c/o Comerica
2800 Weston Road**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 200, Liana Sanchez

Suite 200, Liana Sanchez

City & State

City & State

Weston, FL

Weston, FL

Zip

Country

Zip

Country

33331

USA

33331

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/03/1984

5. FEI Number

59-2666754

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

Liana Sanchez c/o Comerica Bank

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

2800 West Broad

Suite, Apt. #, Etc.

Suite 200

City

Weston

State

FL

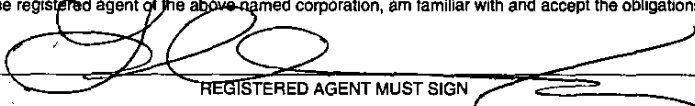
Zip Code

33331

200039251442
07/16/04--01042--003 **245.00

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



Date **7/13/04**

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
PD	Garcia, Vivian	7900 Glades Rd - PO Box 100	Boca Raton, FL 33429
VD	Miller, Tina	501 South Flagler Dr	West Palm Beach, FL 33410
SD	Gendal, Lisa	One Financial Plaza	FL 808-10-04 Ft Lauderdale, FL 33301
TD	Sanchez, Liana	2800 Weston Road, #200	Weston, FL 33331

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

Date

7/13/04 (997) 306-4528

Daytime Phone #

CR2081 (01/04)