

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 JAN -5 PM 2:30
TALLAHASSEE, FLORIDA

DOCUMENT #

W06765

W05-55625

1. Corporation Name

GOLD COAST CHAPTER OF THE CLINICAL
LABORATORY MANAGEMENT ASSOCIATION,
INC.

2. Principal Office Address

5444 WINCHESTER WOODS DR. SAME

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

LAKE WORTH, FL.

City & State

Zip

33463

Country

USA

Zip

Country

REINSTATEMENT 04-06

4. Date Incorporated or Qualified
To Do Business in Florida

DEC. 20, 1984

5. FEI Number

59-2508644

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

RICHARD W. ESPLAN

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

5444 WINCHESTER WOODS DR.

Suite, Apt. #, Etc.

City

LAKE WORTH, FL.

State

FL

Zip Code

33463

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

Richard W. Esplan

REGISTERED AGENT MUST SIGN

Date 12/13/05

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
PRES.	BARBARA THORNTON	4176 BAY LAUREL WAY,	BOCA RATON, FL. 33487
TRES.	RICHARD W. ESPLAN	5444 WINCHESTER WOODS DR.	LAKE WORTH, FL. 33463
SEC.	DONNA M. VALERIOTE	8784 OLD PINE WAY,	BOCA RATON, FL. 33432

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)(f), 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:

Richard W. Esplan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/13/05 561-882-6465

Date

Daytime Phone #