

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2006 NOV 14 PM 1:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # N17096</b> 1. Entity Name <b>GOLD COAST PROMOTIONAL PRODUCTS ASSOCIATION, INC.</b>					
Principal Place of Business <b>21346 ST. ANDREWS BOULEVARD #159 BOCA RATON, FL 33433 US</b>		Mailing Address <b>21346 ST. ANDREWS BOULEVARD #159 BOCA RATON, FL 33433 US</b>			
2. Principal Place of Business <b>6574 NO STATE RD 7</b> Suite, Apt. #, etc. <b>252</b>		3. Mailing Address <b>6574 NO STATE RD 7</b> Suite, Apt. #, etc. <b>252</b>			
City & State <b>COCONUT CREEK FL</b>		City & State <b>COCONUT CREEK FL</b>		4. FEI Number <b>59-2737710</b>	
Zip <b>33073</b>		Country <b>BROWARD</b>		Applied For Not Applicable	
Zip <b>33073</b>		Country <b>BROWARD</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>PACIFICI, ARLINE 2217 NW 40 AVE POMPAÑO BEACH, FL 33066</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number if Not Applicable) <b>2450 HOLLYWOOD BLVD STE 105</b> City <b>FL</b> Zip Code	
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 <i>Arline Pacifici</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <b>11/03/06</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$61.25 After January 1, 2007, Fee will be \$122.50</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>PEREZ, ERIQUE</b> <b>7209 NW 54TH STREET</b> <b>MIAMI, FL 33166</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES <b>STEPHEN GREENBERGER</b> <b>2450 HOLLYWOOD BLVD STE 105</b> <b>HOLLYWOOD FL 33020</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>MCCLEAN, CAROL</b> <b>6300 MANOR LANE, SUITE 200</b> <b>MIAMI, FL 33143</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>BILL LAZARUS</b> <b>2300 E. OAKLAND PARK BLVD</b> <b>FT LDLE FL 33306</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>TABASKY, ALAN</b> <b>85 NE 168 TH STREET</b> <b>NORTH MIAMI, FL 33169</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREAS. <b>ARLINE PACIFICI</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>PACIFICI, ARLINE</b> <b>2217 NW 40 AVE</b> <b>POMPAÑO BEACH, FL 33066</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>SUE HAND</b> <b>211 N.W. 93 AVE</b> <b>CORAL SPRINGS FL 33071</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>GREENBERGER, STEPHEN</b> <b>2450 HOLLYWOOD BLVD</b> <b>HOLLYWOOD, FL 33020</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>JERRY HUBBARD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>HUBBARD, JERRY</b> <b>2359 NW 29TH RD</b> <b>BOCA RATON, FL 33431</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>STU MANDEL</b> <b>15959 NW 15 AVE</b> <b>MIAMI FL 33169</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, 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 <i>Arline Pacifici</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <b>11/03/06</b> Daytime Phone # <b>954-776-5891</b>	

11/14/06