

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 APR -6 AM 9:02

**DOCUMENT #**

1. Corporation Name

N92 0000000082  
Gold Coast Therapeutic Recreation  
Association

REINSTATEMENT 02-01

2. Principal Office Address

13734 SW 39 St

Suite, Apt. #, etc.

3. Mailing Office Address

13734 SW 39 St

Suite, Apt. #, etc.

City & State

Davie, FL

City & State

Davie, FL

Zip

33330

Country

USA

Zip

33330

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

1992

5. FEI Number

223219421

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

Ariadne Polanco

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

709 SW 14 Ave

Suite, Apt. #, Etc.

#2

City

Fort Lauderdale

State

FL

Zip Code

33312

200031865562  
04/06/04--01031--010 \*\*358.75

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 3-18-04

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
P	Lyn Blank, MA, CTRS	13734 SW 39 St.	Davie, FL 33330
V	Ariadne Polanco, CTRS	709 SW 14 Ave #2	Fort Lauderdale, FL 33312
S	Lisa Martin, CTRS	9357 Fontainebleau Apt D-308 Blvd	Miami, FL 33172
T	Tabitha Diehl, CTRS	21694 SW 98 PL	Miami, FL 33190

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

Ariadne Polanco

3-18-04

Date

954-746-1437

Daytime Phone #

CR2E081 (07/04)