

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 17 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000057217**

1. Corporation Name

GOLD COAST MARINE SALES & SERVICE, INC.

Principal Place of Business

Mailing Address

13301 BISCAYNE BLVD. #106
N MIAMI FL 33181

13301 BISCAYNE BLVD. #106
N MIAMI FL 33181

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

05/22/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|--|-------------------------|
| DP | COOK, WAYNE D | 13301 BISCAYNE BLVD, #106 | N MIAMI FL 33181 |
| | | | |
| | | | |
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| | | | |
| | | | |

800023908728
10/17/03--01064--009 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

COOK, WAYNE D
13301 BISCAYNE BLVD, #106
N MIAMI FL 33181

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

10/9/03

11. 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

10/09/03

Daytime Phone #

CR2E040 (7/03)

**GOLD COAST MARINE
SALES & SERVICE, INC.
13301 BISCAYNE BLVD., SUITE 106
NORTH MIAMI, FL 33181
(305) 947-9995 FAX (305) 947-1906**

October 09, 2003

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Fl. 32314-6327

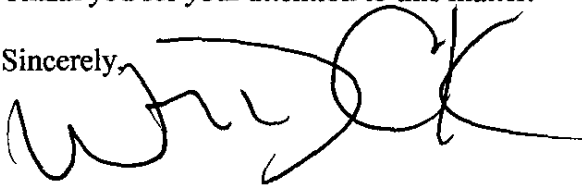
Dear Sirs:

Please be advised that until today we had not received any prior notices from your department.
Enclosed find a check in the amount of \$150.00 for our reinstatement fee.

If you have any questions please feel free to contact me at your convenience.

Thank you for your attention to this matter.

Sincerely,

A handwritten signature in black ink, appearing to read 'Wayne Cook', with a large, stylized 'K' at the end.

Wayne Cook
President

Gold Coast Marine Sales & Service

WC/ms