

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000029356

1. Entity Name
GOLD COAST CUSTOM HOMES INC.



FILED

2006 OCT 16 PM 4:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1515 FORDE AVE
TARPON SPRINGS, FL 34689 US

Mailing Address
PO BOX 1185
CRYSTAL BEACH, FL 34681 US



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

10112006 REIN-P CR2E098 (11/05)

4. FEI Number
20-0730535

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ROEDING, DOUGLAS H
1515 FORDE AVE
TARPON SPRINGS, FL 34689

7. Name and Address of New Registered Agent
Name
Roeding, Douglas H
Street Address (P.O. Box Number is Not Acceptable)
730 N. Florida Ave
City Tarpon Springs FL Zip Code 34689

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 Doug Roeding DATE 10-11-06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ROEDING, DOUGLAS H 1515 FORDE AVE TARPON SPRINGS, FL 34689 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200080880962 10/16/06--01051--009 **158.75
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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 607, 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: Doug Roeding DATE 10-11-06 727-9392739

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/06