

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1996 NOV 20 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000066808**

1. Corporation Name

GOLD COAST SPECIALTIES, INC.

Principal Place of Business

Mailing Address

2011 S.W. 70TH AVENUE, A-18
DAVE FL 33317
US

2011 S.W. 70TH AVE. A-18
DAVE FL 33317
US

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

8994 Palm Tree Lane

8994 Palm Tree Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Pembroke Pines

Pembroke Pines

City & State

City & State

Florida

Florida

Zip

Country USA

Zip

33024

Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/08/1994

5. FEI Number

65-0523355

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	TRADER, RODNEY L	11151 NW 22ND ST	PEMBROKE PINES FL 33028
D	ZIMMERMAN, RICHARD	11151 NW 22ND ST	PEMBROKE PINES FL 33028
D	TRADER, DIANE	8994 PALM TREE LANE	PEMBROKE PINES FL
			700002013657--1 -11/26/96--01027--001 ****236.25 ****236.25
			700002013657--1 -11/26/96--01027--002 ****138.75 ****138.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TRADER, RODNEY L
11151 NW 22ND ST
PEMBROKE PINES FL 33028

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.

Signature of
Registered Agent

Rodney Trader REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/1/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

Rodney Trader REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/1/96

Daytime Phone #

954-480-2353