

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 21 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000092449**

1. Corporation Name

GOLDCOAST MANAGEMENT ASSOCIATES, INC.

Principal Place of Business

Mailing Address

2500 E HALLANDALE BEACH BLVD
STE OR
HALLANDALE FL 33009

2500 E HALLANDALE BEACH BLVD
STE OR
HALLANDALE FL 33009

- 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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/22/1994

5. FEI Number

65-0558885

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
TD/	BERNSTEIN, STANLEY	4000 HOLLYWOOD BLVD SUITE 485-SO	HOLLYWOOD FL
PC	BENEZRA, CILFFORD	4000 HOLLYWOOD BLVD SUITE 485-SO	HOLLYWOOD FL
SD	ROTH, LEON	4000 HOLLYWOOD BLVD SUITE 485-SO	HOLLYWOOD FL
VPD	GOULD, PHILIP	4000 HOLLYWOOD BLVD SUITE 485-SO	HOLLYWOOD FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KRAMER, ROBERT M.
4000 HOLLYWOOD BLVD SUITE 485-SOUTH
HOLLYWOOD FL 33021

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 REQUIRED

Date

REGISTERED AGENT MUST SIGN

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

Daytime Phone #

CR2E040 (7/03)

GOLD COAST MANAGEMENT ASSOCIATES, INC.

2500 East Hallandale Beach Boulevard
Hallandale, Florida 33009
(954) 456-2900

October 13, 2003

Re: Dissolution of Goldcoast Management, Inc

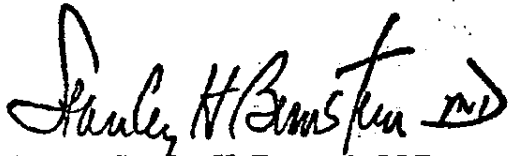
To Whom It May Concern,

Please accept this check to reinstate Goldcoast Management Inc, we issued the original check in the amount of \$150.00 in a timely matter, apparently our bank informed us the check was never cashed. The check must have been lost.

Please accept this one in place of the original check.

Thank you in advance for your cooperation.

Sincerely,



Stanley H. Bernstein M.D.