

P95000030576

4/17/95

Chadroff, Sy

Requestor's Name

2700 S.W. 37 Ave.

Address

Miami FL 33133

City

State

ZIP

Phone

444-5002 N

VALIDATION ONLY

95 APR 19 11 34

VISITATION

200001460042
-04/19/95--01029--014
****122.50 ****122.50

CORPORATION(S) NAME

GOLD COAST BAR & GRILL, INC.



Empire Toll Free: 1-800-432-3028

- ☒ Profit
☐ NonProfit
☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☒ Certified Copy
☐ Call When Ready
☒ Walk In
- ☐ Amendment
☐ Dissolution
☐ Annual Report
☐ Reservation
☐ Photo Copies
☐ Call If Problem
☐ Will Wait
- ☐ Merger
☐ Mark
☐ Other
☐ Change of Registered Agent
☐ Certificate Under Seal
☐ After 4:30
☒ Pick Up
☐ Mail Out

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

REGISTER APR 19 1995

CERTIFIED COPY

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95 APR 19 PM 12:13
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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95 APR 19 PM 12:13

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLES OF INCORPORATION

OF

GOLD COAST BAR & GRILL, INC.

ARTICLE I - NAME

The name of the corporation is: GOLD COAST BAR & GRILL, INC.

ARTICLE II - NATURE OF CORPORATION BUSINESS

The corporation may engage in any activity or business permitted under the laws of the United States and under the laws of the State of Florida and shall exercise all powers convenient, incident to or necessary in the proper conduct of its business.

ARTICLE III - CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 7,500 shares of common stock having \$1.00 par value per share; all shares shall be paid in lawful money of the United States of America or in property, labor or services; where said stock is paid for by property, labor or services, the just value thereof shall be fixed by the Board of Directors of the corporation in the manner provided for by the laws of the State of Florida.

ARTICLE IV - DURATION

This corporation is to exist perpetually.

ARTICLE V - INITIAL REGISTERED OFFICE/AGENT

The street address of the initial registered office and principal office of this corporation is: 2471 E. Commercial Boulevard, Fort Lauderdale, Florida and the name of the initialed registered agent at that address is: Norbert Jeanis.

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have one director initially. The number of directors may be increased or diminished from time to time by the by-laws but shall never be less than one. The name and address of the initial director is: Norbert Jeanis, 2471 E. Commercial Boulevard, Fort Lauderdale, Florida.

ARTICLE VII - INCORPORATOR

The name and address of the person signing these Articles is: Norbert Jeanis, 2471 E. Commercial Boulevard, Fort Lauderdale, Florida.

ARTICLE VIII - AMENDMENTS

This corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation or any amendment hereto and any right conferred upon the shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Incorporation this 13 day of April, 1995.

Norbert W Jeanis
Norbert Jeanis

RESIDENT AGENT ACKNOWLEDGEMENT

Having been named to accept service of process of the above named corporation at the place designated in these Articles, I hereby accept to act in this capacity and agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

Norbert W Jeanis
Norbert Jeanis

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FILED
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SECRETARY OF STATE
TREASURER OF FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P95000030576**

1 Corporation Name

GOLD COAST BAR & GRILL, INC.

FILED

96 OCT 14 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT *96*

Principal Place of Business Mailing Address
**2471 E COMMERCIAL BLVD
FT LAUDERDALE FL** **2471 E COMMERCIAL BLVD
FT LAUDERDALE FL**

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

04/19/1995

5 FEI Number

65-0593800

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
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D

JEANIS, NORBERT

2471 E COMMERCIAL BLVD

FT LAUDERDALE FL

700001983017--6
-10/22/96--01106--018
******375.00 ****375.00**

[Handwritten signature]

8. Name and Address of Current Registered Agent

JEANIS, NORBERT
2471 E COMMERCIAL BLVD
FT LAUDERDALE FL

9. Name and Address of New Registered Agent

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

[Handwritten signature: Robert W. Jeanis]

REGISTERED AGENT MUST SIGN

Date **9-15-96**

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:

[Handwritten signature: Robert W. Jeanis]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-15-96

959 4929222
Daytime Phone #