

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 DEC 17 PM 4:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P97000025918

1. Corporation Name

Gold Coast Media, Inc.

2. Principal Office Address

1574 NE 172nd Street

3. Mailing Office Address

1574 NE 172nd Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

North Miami Beach, FL

City & State

North Miami Beach, FL

Zip

33162

Country

Zip

33162

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

3/21/1997

5. FEI Number

65-0774126

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

12/02/03 0106W 019 \$908.75

**REINSTATEMENT 02-03**

**7. Name and Address of Current Registered Agent**

Name

Frank Greenberg

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

1574 NE 172nd Street

Suite, Apt. #, Etc.

City

North Miami Beach

State

FL

Zip Code

33162

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*[Signature]*

Date 11/24/03

REGISTERED AGENT MUST SIGN

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

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip   |
|--------|--------------------------------------|---------------------------------------------------|----------------------|
| D      | Frank Greenberg                      | 1574 NE 172nd Street                              | Miami, Florida 33162 |
|        |                                      |                                                   |                      |
|        |                                      |                                                   |                      |
|        |                                      |                                                   |                      |
|        |                                      |                                                   |                      |
|        |                                      |                                                   |                      |

10. 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]*

Frank Greenberg

11/24/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #