

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000053314

1. Corporation Name

GOLD LAKE PROPERTIES I, INC.

Principal Place of Business

2733 N.E. 26TH AVE
FT LAUDERDALE FL 33306

Mailing Address

% P.O. BOX 11711
FT LAUDERDALE FL 33339

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	4. Date Incorporated or Qualified To Do Business in Florida	06/17/1997
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number	65-0761851
City & State	City & State		Applied For Not Applicable
Zip	Country	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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	NOVACEK, SCOTT	2733 N.E. 26TH AVE	FT LAUDERDALE FL 33306
VD	NOVACEK, CINDY	2733 N.E. 26TH AVE	FT LAUDERDALE FL 33306
			0000008637120 10/28/02-01125--003 **61.25

8. Name and Address of Current Registered Agent

NOVACEK, SCOTT
2733 N.E. 26TH AVE
FT LAUDERDALE FL 33306

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State	Zip Code
FL		

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

Not a place **REQUIRED**

REGISTERED AGENT MUST SIGN

Date

9/18/02

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:

Signed **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Never rec'd initial Review
form*
9/18/02

Date

Daytime Phone #

To whom it may concern,

that you see