

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 DEC 20 AM 8:01

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



000009966110  
01/08/03--01071--003 \*\*158.75

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

Applied For

Not Applicable

City & State

City & State

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 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

000008637120  
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

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]*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

9/15/02

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 1,19.07(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]*  
SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/15/02

Daytime Phone #

CR2E040 (8/02)

TO Whom it may Concern,

We never Rec'd Initiative  
Renewal, and Annual Report forms.

We've have had a lot of  
trouble with our mail Delivery  
at the P.O. Box.

Thank you