

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P98000095158

1. Corporation Name

GOLD COAST ROOFING OF BROWARD, INC.

Principal Place of Business

Mailing Address

~~18320 SW 52ND CT~~
~~FT LAUDERDALE FL 33331~~
~~1365 +~~

18320 SW 52ND CT
FT LAUDERDALE FL 33331



REINSTATEMENT

00 DEC 11 PM 4:35

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1365 NW 159 Lane

3. New Mailing Office Address, If Applicable

1365 NW 159 Lane

4. Date Incorporated or Qualified
To Do Business in Florida

11/09/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0895622

Applied For

Not Applicable

City & State

Pembroke Pines, FL

City & State

Pembroke Pines, FL

Zip

33028

Country

Broward

Zip

33028

Country

FL

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
D	OWENS, DWAYNE	18320 SW 52ND CT 1365 NW 159 Lane	FT LAUDERDALE FL 33331 P. Pines, FL 33028
VP	OWENS, HOBERT	18320 SW 52 CT 1365 NW 159 Lane	FT LAUDERDALE FL P. Pines, FL 33028

600003506566-7
-12/20/00--01013--015
****750.00 ****750.00

8. Name and Address of Current Registered Agent

OWENS, DWAYNE
18320 SW 52ND CT
FT LAUDERDALE FL 33331

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

[Signature]

Date 12/8/00

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/7/00 789-2845
Date Daytime Phone #

CR2040 (800)