

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 FEB 23 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P09000033791

1. Corporation Name

Gold Coast Properties Inc.

2. Principal Office Address

3045 N. Federal Hwy

Suite, Apt. #, etc.

#60

City & State

FT. Lauderdale FL

Zip

33306

Country

USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

4-8-99

5. FEI Number

650909164

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Tod A. Weston Esq.

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

3045 N. Federal Hwy

Suite, Apt. #, Etc.

#60 D

City

Fort Lauderdale FL 33306

State

FL

Zip Code

33306

800003802228--3

03/06/01 01051-029

****150.00 ****150.00

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

REGISTERED AGENT MUST SIGN

Date 02-20-01

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Terry Zolnowski	7050 S.W 20 th	Plantation FL 33377
V.P.	Diane Hoffman	3327 NE 16 ST	FT. Lauderdale FL 33324
			800003802228--3
			03/06/01 01051-030
			****750.00 ****750.00

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

Diane Hoffman Diane Hoffman 2-20-01 567-1522

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)