

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

99 NOV -9 PM 12:33

DOCUMENT # S36199

1. Corporation Name

GOLD COAST CASH REGISTER SALES, INC.

Principal Place of Business

Mailing Address

1336 VICKERS DR
8972 N. MONROE ST.
TALLAHASSEE FL 32303
US

1336 VICKERS DR
8972 N. MONROE ST.
TALLAHASSEE FL 32303
US

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

2. New Principal Office Address, If Applicable

1336 Vickers Dr.
Suite, Apt. #, etc.
TALL, FL.
City & State

3. New Mailing Office Address, If Applicable

1336 Vickers Dr.
Suite, Apt. #, etc.
TALL, FL.
City & State

Zip 32303

Country Leon

Zip 32303

Country Leon

4. Date Incorporated or Qualified
To Do Business in Florida

02/28/1991

5. FEI Number

69-3047064

Applied For

Not Applicable

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)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	JACOBSEN, JAMES P.	2826 GREEN FOREST LANE	TALLAHASSEE FL
D	KEMMER, LISA MARIE	104 LANCER COURT	CLARKSVILLE TN
D	JACOBSEN, MARY ELLEN	2826 GREEN FOREST LANE	TALLAHASSEE FL
D	JACOBSEN, TONI LYNN	1414 ERIN LANE	NASHVILLE TN

8. Name and Address of Current Registered Agent

JACOBSEN, JAMES P.
1336 VICKERS DR
TALLAHASSEE FL 32303

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
100003050031--7
Suite, Apt. #, Etc.
-11719799--01082--012
City
***750.00 ***750.00
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 James P. Jacobsen
REGISTERED AGENT MUST SIGN

Date 10/26/99

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)(l), 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:

Mary Ellen Jacobsen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/26/99

562-9709
Daytime Phone #