PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 NOV -6 PM 2:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S39501**

1. Corporation Name
DID GOLD COAST MANAGEMENT CORPORATION

REINSTATEMENT 1996
MWB 11-7-96

Principal Place of Business	Mailing Address
~~7800 W. SAMPLE ROAD~~ ~~CORAL SPRINGS FL 33065-4710~~ 8038 W. Sample Rd Coral Springs Fla 33065	~~7800 W. SAMPLE ROAD~~ ~~CORAL SPRINGS FL 33065-4710~~ 18330 Coral Chase Dr Boca Raton Fla 33498

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
Suite, Apt. #, etc. 8038 W. Sample Rd	Suite, Apt. #, etc. 18330 Coral Chase Dr
City & State Coral Springs Fla	City & State Boca Raton Fla 33498
Zip 33065 Country USA	Zip 33498 Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 03/19/1991

5. FEI Number: 65-0251003 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	DUANY, DARIO E.	~~8000 S.W. 73RD CT.~~ 18330 Coral Chase Dr	~~MARGATE FL~~ Boca Raton Fla 33498
D	DUANY, ISABEL	~~8000 S.W. 73RD CT.~~ Boca Raton Fla 33498	~~MARGATE FL~~
			300001999878--2 -11/08/96--01017--003 ****375.00 ****375.00

8. Name and Address of Current Registered Agent

DUANY, DARIO E.
~~8000 S.W. 73RD CT.~~ 18330 Coral Chase Dr
~~MARGATE FL 33063~~ Boca Raton Fla 33498

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 REQUIRED — Date: 9-17-96
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. 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 REQUIRED — 9-17-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (7/96)