


# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED  
06 JAN 31 PM 4:38

<b>DOCUMENT # N22621</b> 1. Entity Name <b>GOLD COAST PROGRESSIVE FIREFIGHTERS ASSOC. OF PALM BEACH COUNTY, INC.</b>	
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Principal Place of Business <b>PO BOX 926 WEST PALM BEACH, FL 33401</b>	Mailing Address <b>PO BOX 926 WEST PALM BEACH, FL 33401</b>
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REINSTATEMENT 05-06



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

10172005 REIN-NP CR2E099 (6/04)

City & State	City & State
Zip	Country

4. FEI Number <b>65-0069140</b>	Applied For Not Applicable
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6. Name and Address of Current Registered Agent  <b>WILLIAMS, MICHAEL 4852-B ORLEANS CT. WEST PALM BEACH, FL 33415</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold;">FL</div> Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Michael A. Williams DATE 10/15/2005

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!! FEE IS \$236.25**  
After January 1, 2006, Fee will be \$297.50

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD SMITH, LONDON 1076 CAMEO CIR WEST PALM BEACH, FL 33417</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>300065571173 02/10/06--01026--021 **297.50</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD MAXWELL, TANIA R 2219 22ND WAY WEST PALM BEACH, FL 33409</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD WILLIAMS, MICHAEL 4852-B ORLEANS CT WEST PALM BEACH, FL 33415</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BMD SANTAS, GORDAN 1900 N CONGRESS AVE WEST PALM BEACH, FL 33407</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>BMD Santos Gordon 531 S.W. Nautical Avenue Port St. Lucie, Florida 34984</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SAD SMITH, LEONARD R 4852-A ORLEANS CT WEST PALM BEACH, FL 33415</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SAD SMITH, LEONARD R. 711 Sunny Pines Way, H-2 West Palm Beach, FL. 33415</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S CLEMMONS, LATOSHA 7329 PALM DEL DRIVE LANTANA, FL 33462</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael A. Williams / Michael A. Williams DATE 10/15/05 (561) DAYTIME PHONE # 683-2197

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #