

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 JAN 10 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 624856

1. Corporation Name

WEST COAST WINDOWS INC.

Principal Place of Business

3773 ARNOLD AVENUE
NAPLES FL 34104-3367
US

Mailing Address

3773 ARNOLD AVENUE
NAPLES FL 34104-3367
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/19/1979

5. FEI Number

59-1922440

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

99

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	4 City / State / Zip
P	MCLACHLAN, HERBERT W	4040 GULF BLVD, 15E	600003099666--8 01/14/00--01095--024 NAPLES FL 750.00 ***750.00
VP	DEGOLTER, RICH A	3773 ARNOLD AVE	NAPLES FL
VP	WHITE, STEVEN	3773 ARNOLD AVE	NAPLES FL
P	McCulloch, Kenneth	4361 Corporate Square	Naples FL 34104
VP	McCulloch, Louise	4361 Corporate Square	Naples FL 34104

8. Name and Address of Current Registered Agent

~~MCLACHLAN, HERBERT W~~
~~3773 ARNOLD AVE~~
~~NAPLES FL 34104~~

9. Name and Address of New Registered Agent

Name
Ken McCulloch
Street Address (P.O. Box Number is Not Acceptable)
4361 Corporate Square
Suite, Apt. #, Etc.
City
Naples
State
FL
Zip Code
34104

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

Ken McCulloch

REGISTERED AGENT MUST SIGN

Date

JAN 7/00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JAN 7/00

(941) 438-0890

KE

CR2E040 (8/99)