

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JUL -7 AM 8:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
500158207365
07/07/09--01019--019 **787.50

DOCUMENT # 728041

1. Corporation Name
West Coast Medical & Educational Foundation, Inc.

REINSTATEMENT 00-09
CR2E081 (12/08)

2. Principal Office Address - No P.O. Box # 1345 West Bay Dr.		3. Mailing Office Address 1345 West Bay Dr.	
Suite, Apt. #, etc. Suite 301		Suite, Apt. #, etc. Suite 301	
City & State Largo, FL.		City & State Largo, FL.	
Zip 33770	Country USA	Zip 33770	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 11/16/1973	
5. FEI Number 23-7378002	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
Stanley S. Moles

Street Address (P.O. Box Number is Not Acceptable)
1345 West Bay Drive

Suite, Apt. #, Etc.
Suite 301

City Largo	State FL	Zip Code 33770
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The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: Stanley S. Moles Date: 6-26-09
REGISTERED AGENT MUST SIGN

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
P/T	Stanley S. Moles	1345 West Bay Dr. #301	Largo, FL. 33770
V	Matthew Moles	1345 West Bay Dr. #301	Largo, FL. 33770
S	Bonnie Moles	1345 West Bay Dr. #301	Largo, FL. 33770
	<i>[Handwritten Signature]</i>		

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 contained in Chapter 119, 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: Stanley S. Moles Date: 6-26-09
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 721581-1684