

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 NOV 12 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 05-09

DOCUMENT # 764249

1. Corporation Name

West Coast Roofing Contractor's Association Inc

2. Principal Office Address- No P.O. Box #

1971 W. Lumsden Road

Suite, Apt. #, etc.

Suite 123

City & State

Brandon, Florida

Zip Country

33511-8820

3. Mailing Office Address

1971 W. Lumsden Road

Suite, Apt. #, etc.

Suite 123

City & State

Brandon, Florida

Zip Country

33511-8820

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-2308716

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

John Kenney

Street Address (P.O. Box Number is Not Acceptable)

8811 Maislin Drive

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33637



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 section 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 11/09/09

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
President	John Kenney	8811 Maislin Drive	Tampa FL 33511
Vice President	Michelle Carrillo	4707 N Lois Ave Suite B	Tampa FL 33614
Treasurer	Mike Black	5902 Breckenridge Pkwy	Tampa FL 33610
Secretary	Jack Harrell	10111 Woodberry	Tampa FL 33619

10. E-mail Address: wcrca-admin@tampabay.rr.com

(To be used for future annual report notifications)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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. I further certify 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:

John Kenney

President

11/09/09 813-299-3325

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone#