

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAR 11 PM 4:00

DOCUMENT # H94032

1. Corporation Name

West Coast Rental Properties, Inc

2. Principal Office Address

8345 Congress St

Suite, Apt. #, etc.

City & State

Port Richey, FL

Zip

34668

Country

USA

3. Mailing Office Address

5408 St James Dr

Suite, Apt. #, etc.

City & State

New Port Richey, FL

Zip

34652

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1-14-1986

5. FEI Number

59-2631534

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

Kelly Drew

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

5408 St James Dr

Suite, Apt. #, Etc.

City

New Port Richey

State

FL

Zip Code

34652

800005172868-3

-03/27/02--01084--007

1817.50 *908.75

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

Kelly L Drew

REGISTERED AGENT MUST SIGN

Date 3-1-2002

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	Gary Easmunt	5008 Deer Lodge Rd	New Port Richey, FL 34655
VP	Deborah Williams	5008 Deer Lodge Rd	New Port Richey, FL 34655
ST	James Balay	8345 Congress St	Port Richey, FL 34668

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 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:

Gary Easmunt

Gary Easmunt

3-5-02 (727) 376-3121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #