

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM: 022

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 APR 20 AM 9:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L15816

1. Corporation Name

WESTCOAST MARINE CONTRACTORS, INC

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

517 75TH STREET

Suite, Apt. #, etc.

3. Mailing Office Address

517 75TH STREET

Suite, Apt. #, etc.

City & State

HOLMES BEACH, FL

City & State

HOLMES BEACH, FL

Zip

34217

Country

USA

Zip

34217

Country

USA

**REINSTATEMENT**

CR2E081 (12/08)

02-09

4. Date Incorporated or Qualified  
To Do Business in Florida

04/18/1989

5. FEI Number  
65-0144675

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

CHARLES A POTTER

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

517 75TH STREET

Suite, Apt. #, Etc.

City

HOLMES BEACH, FL

State

FL

Zip Code

34217

☐ 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

*Charles A Potter*

REGISTERED AGENT MUST SIGN

Date *Apr 14 / 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
PST	CHARLES A POTTER	517 75TH STREET	HOLMES BEACH, FL 34217
	<i>John/22</i>		

200151469862  
04/21/09--01022--008 \*\*1050.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Charles A Potter*  
APR 14 / 09 (914) 713-4441

Date

Daytime Phone #