

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 JAN 12 PM 12:11

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # MO4000000911

1. Limited Liability Company's Name

WESTCOAST INVESTORS, LLC

000163992970
12/28/09--01058--019 **416.25

2. Principal Office Address - No P.O. Box # 7255 Progress Street Suite, Apt. #, etc.		3. Mailing Office Address 7255 Progress Street Suite, Apt. #, etc.	
City & State Holland, Ohio		City & State Holland, Ohio	
Zip 43528	Country USA	Zip 43528	Country USA

4. State/Country of Formation Ohio/USA	
5. Date Organized or Qualified To Do Business in Florida 2/26/04	
6. FEI Number 161718115	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name Scott M. Grant, Esq.			
Street Address (P.O. Box Number is Not Acceptable) 3400 Tamiami Trail N.			
Suite, Apt. #, Etc. Suite 201			
City Naples	State FL	Zip Code 34103	

☒ A \$100 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 \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

12/22/09

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Gary L. Grup	P.O. Box 107 7255 Progress Street	Holland, Ohio 43528
REINSTATEMENT <u>2008, 2009, 2010</u>			

000163992970
01/13/10--01021--019 **138.75

11. E-mail Address: glgrup@aol.com

(To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of

Managing Member/Manager

Date

12/21/09

Daytime Phone #

419.466.4307

Typed or printed name of signing Managing Member/Manager

Gary L. Grup, Manager



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

10 JAN 12 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

December 31, 2009

WESTCOAST INVESTORS, LLC
7255 PROGRESS ST
HOLLAND, OH 43528

SUBJECT: WESTCOAST INVESTORS, LLC
Ref. Number: M04000000911

We have received your document for WESTCOAST INVESTORS, LLC and your check(s) totaling \$416.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

Any reinstatement application received after January 1st must include the fees for next year's annual report. Please be sure to include an additional \$ 138.75 if your reinstatement is submitted after January 1st.

The name of the above referenced limited liability company is no longer available. Please file an amendment changing the name of this entity. The fee to file an amendment is \$25.00.

In order to complete your filings, both the reinstatement application and name change amendment must be submitted together along with the applicable fees for processing.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 409A00039671