

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 MAY 22 PM 12: 59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # n00000004992

1. Corporation Name

WEST COAST ANGLERS ASSOCIATION INC.

2. Principal Office Address

5310 Seminole Blvd

Suite, Apt. #, etc.

City & State

Saint Petersburg Fl

Zip

33708

Country

USA

3. Mailing Office Address

5310 Seminole Blvd

Suite, Apt. #, etc.

City & State

Saint Petersburg Fl

Zip

33708

Country

USA

02-06  
CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

6-27-2000

5. FEI Number

59-3681811

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

Vincent Edwin Chiudina

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

5310 Seminole Blvd

Suite, Apt. #, Etc.

400075549064

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City

Saint Petersburg

State

FL

Zip Code

33708

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 5-19-06

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 Pres. (D)	Vincent Chiudina	5310 Seminole Blvd	Saint Petersburg Fl 33708
V Vice Pres. (D)	Greg LaChance	10854 104th Ave N	Largo Fl 33778
T Treas. (D)	Rodney Beckett	4052 83rd St N	Saint Petersburg Fl 33709
S Secy. (D)	Greg Johnson	10306 112th way N	Largo Fl 33778
		<i>[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:

*[Signature]* Vincent E Chiudina

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-19-06 727-871-4230

Date

Daytime Phone #