

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

FILED
Sep 19, 2008 8:00 A.M.
Secretary of State

**CORPORATION
 REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N40852

1. Corporation Name

The Westcoast Development and Resource Center, Inc.

CR2E081/22

000136146720
 09/19/08--01030--009 **1085.00

CR2E081 (12/07)

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

900 Cocoanut Ave.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota, Florida

City & State

Zip

34236

Country

USA

Zip

Country

**4. Date Incorporated or Qualified
 To Do Business in Florida**

10/23/90

5. FEI Number

65-0247528

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

Wallace Murray

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

900 Cocoanut Ave.

Suite, Apt. #, Etc.

City

Sarasota,

State

FL

Zip Code

34236

☒ 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

Wallace Murray

REGISTERED AGENT MUST SIGN

Date *9-9-08*

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/D	Wallace Murray	5945 Ravenwood Drive	Sarasota, Florida 34243
VP	Glorida Moore	94 Kandace	Thomasville, GA 31757
S/T	Michelle Holland	900 Cocoanut Ave.	Sarasota, Florida 34236
D	Pere Zuokemefa	3909 Reserve Drive #2111	Tallahassee, Florida 32301
D	Wayne Cody	927 Fox Valley Court	Stone Mountain, GA. 30088

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:

Wallace Murray

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/9/08 *941-870-4905*

Date

Daytime Phone #