PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 AUG 20 PM 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N41457

1. Corporation Name
West Coast Regional Case Management Assoc, Inc.

Principal Place of Business	Mailing Address
Florida	4300 Maygog Rd. Sarasota, Fl. 34233

REINSTATEMENT 95-98

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
1205 Magdalene Grove Ave	1205 Magdalene Grove Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Tampa, Fl.	Tampa, Fl.
City & State	City & State
Zip 33613 Country USA	Zip 33613 Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 12-31-90

5. FEI Number: 593063695 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.	Pamela Askew	12519 Broncodr. Tampa, Fl. 33626	Tampa, Fl. 33626
V.P/D	Joyce Safranek	974 Tradewinds Trail	Palm Harbor, Fl. 34683
Treas/D	Barbara Bergmann	1205 Magdalene Grove Ave	Tampa, Fl. 33613
Bd./D	Marjorie Perez	609 E. S. Glen Ave	Tampa, Fl. 33609
D	William Doyle	1113 Duncan Ave. S.	Clearwater, Fl. 33756

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*****420.00 *****420.00

8. Name and Address of Current Registered Agent

Sara Charuhas
7464 Cass Circle
Sarasota, Fl. 34231

9. Name and Address of New Registered Agent

Name: Barbara Bergmann
Street Address (P.O. Box Number is Not Acceptable): 1205 Magdalene Grove Ave.
Suite, Apt. #, Etc.:
City: Tampa | State: FL | Zip Code: 33613

CR2E040 (1-98)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Barbara Bergmann — Date: 8-17-98
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☑ (See other side for information on intangible tax.)

12. 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.

Barbara Bergmann - Treas.

SIGNATURE: Barbara Bergmann - Treas. — 8-17-98 — (813) 962-3942
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #