

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 OCT 25 PM 12:14

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **N44541**

1. Corporation Name

WEST COAST FLORIST ASSOCIATION OF FLORIDA, INC.

Principal Place of Business

5904 7TH ST.
ZEPHYRHILLS FL 33540

Mailing Address

P. O. BOX 17818
CLEARWATER FL 33762-0818
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/02/1991

5. FEI Number

59-3131086

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	PAYNE, EDDIE	5904 7TH ST	ZEPHYRHILLS FL
DP	STEPHENSON, JOHN	12634 CASTLE HILL DR	TAMPA FL 33624
DP	PROSSER, FRONA	3108 BAY TO BAY BLVD	TAMPA FL 33629
DV	GOODCHILD, JON	35184 US HWY 10 N	PALM HARBOR FL 33785
DV	SWICK, ANTHONY	1511 GULF BLYD # 5	INDIAN ROCKS BEACH FL
DT	STEPHENSON, JOHN W	12634 CASTLE HILL DR	TAMPA FL
DT	DEIGHTON, RICHARD	5904 7TH ST.	ZEPHYRHILLS FL 33540
BGS	AYRES, SHERI	6623 RETIREMENT DR, LOT #82	PORT RICHEY FL 34668
DS	YEAGER, ERLINE	1805 WATROUS ST	TAMPA FL 33606
600003459986--4 -11/13/00--01003--004 ***236.25 ***236.25			

8. Name and Address of Current Registered Agent

OMAN, EDMUND J
6106 RIVIERA LANE
NEW PORT RICHEY FL 34655

9. Name and Address of New Registered Agent

Name

DEIGHTON, RICHARD L

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

5904 7TH ST

Suite, Apt. #, Etc.

City

ZEPHYRHILLS

State

FL

Zip Code

33540

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

Richard Deighton
REGISTERED AGENT MUST SIGN

Date

10/23/00

11. 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.

KE

SIGNATURE:

Richard Deighton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/00

Date

(813) 782-1106

Daytime Phone #