

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 JUN 10 PM 2:46

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000006333

1. Corporation Name

West Coast CHAMPS, Inc.

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

11820 Sophia DR

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

2109

Suite, Apt. #, etc.

SAME

City & State

Temple Terrace, FL

City & State

SAME

Zip

33637

Country

U. S. A.

Zip

SAME

Country

SAME

4. Date Incorporated or Qualified
To Do Business in Florida

11/2/98

5. FEI Number

65-0873940

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$2.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Madeilyn E. Riley

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

11820 Sophia DR

Suite, Apt. #, Etc.

2109

33637

City

Temple Terrace

State

FL

Zip Code

33637

PROFIT CORPORATIONS ONLY

☐ The \$600.00 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

Madeilyn E. Riley

REGISTERED AGENT MUST SIGN

Date 6/8/10

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
D	Carolyn McKinnon	1524 20 ST.	Sarasota, FL 34234
D	Florine Daniels	P.O. Box 53291	Sarasota, FL 34232
D	Charles Daniels	P.O. Box 53291	Sarasota, FL 34232

10. E-mail Address: Champs_mer@yahoo.com

(To be used for future annual report notification)

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. I further certify, 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: Madeilyn E. Riley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/8/10

Daytime Phone #