

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

01 JAN -2 PM 4:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N99000001318

1. Corporation Name

West Coast Airboat Club Inc

200003532682--4

-01/11/01--01045--002

\*\*\*\*236.25 \*\*\*\*236.25

2. Principal Office Address

12723 Circle Lake Dr

3. Mailing Office Address

PO Box 7132

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hudson FL

City & State

Hudson FL

Zip

34669

Country

USA

Zip

34674

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

12/31/98

5. FEI Number

59-3539980

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

Dan Barrie

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

12723 Circle Lake Dr

Suite, Apt. #, Etc.

City

Hudson

State

FL

Zip Code

34669

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

REGISTERED AGENT MUST SIGN

Date 12/28/00

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	Dan Barrie	12723 Circle Lake Dr Hudson FL 34669	Hudson FL 34669
D	Scott Mitchell	16349 Caldwell Ln	Spring Hill FL 34610
D	Andy Padova	10927 Hazel Ave.	Hudson FL 34669
D	Kris Porto	33842 Chancey Rd	Zephyrhills FL 33543
D	Joe Schuff	13038 Keel Ct.	Hudson FL 34667

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Director

Date

12/28/00

Daytime Phone #

CR2E081 (9/99)