

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2012 AUG 28 PM 12:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N99000001490

1. Corporation Name

Westcoast Enrichment Services, Inc.

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

2060 Collier Avenue

Suite, Apt. #, etc.

City & State

Ft. Myers FL

Zip

33901

Country

Lee

3. Mailing Office Address

9790 Blue Stone Circle

Suite, Apt. #, etc.

City & State

Ft. Myers, FL

Zip

33913

Country

Lee

000239002690  
08/28/12--01015--006 \*\*358.75

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

3/4/99

5. FEI Number

65-0902118

☐ 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

Denise Johnson

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

9790 Blue Stone Circle

Suite, Apt. #, Etc.

City

Ft. Myers

State

FL

Zip Code

33913

REINSTATEMENT

10-12

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

Denise Johnson

REGISTERED AGENT MUST SIGN

Date 8/23/2012

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	Denise Johnson	9790 Blue Stone Circle	Ft. Myers, FL 33913
D	Eric Johnson	9790 Blue Stone Circle	Ft. Myers, FL 33913
D	Edward M. Chester	2040 Winkler Ave, Apt. 104	Ft. Myers, FL 33916

10. E-mail Address: denisee.johnson@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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Denise Johnson Denise Johnson

8/23/2012

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #