

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

01 NOV -9 AM 11:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000015730

1. Corporation Name

WESTCOAST COMPUTERS, INC.

Principal Place of Business

Mailing Address

7211 NORTH DALE MABRY HIGHWAY  
SUITE 223  
TAMPA FL 33614

7211 NORTH DALE MABRY HIGHWAY  
SUITE 223  
TAMPA FL 33614

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



REINSTATEMENT

2001

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02/15/2000	
City & State		City & State		5. FEI Number	
Zip		Country		59-3624382	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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
PTD	REINHART, THOMAS R	7211 NORTH DALE MABRY HIGHWAY	TAMPA FL 33614
SVD	KAMADIA, IMRAN	7211 NORTH DALE MABRY HIGHWAY	TAMPA FL 33614
			100004703681--8 -12/04/01--01031--013 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

Name

IMRAN KAMADIA

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

6907 SATINWOOD WAY

Suite, Apt. #, Etc.

City

TEMPLE TERRACE

State

FL

Zip Code

33637

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

*Imran Kamadia*

REGISTERED AGENT MUST SIGN

Date 10/17/2001

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.

SIGNATURE:

*Imran Kamadia* IMRAN KAMADIA  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/17/2001 813-925-3353  
Date Daytime Phone #

CR2E040 (8/01)