

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 FEB -9 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000011408

1. Corporation Name

WEST COAST AIR, INC.

REINSTATEMENT 03-04

2. Principal Office Address

8331 FOUNTAIN AVE

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33615

Country

HILLS.

3. Mailing Office Address

8331 FOUNTAIN AVE

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33615

Country

HILLS.

4. Date Incorporated or Qualified
To Do Business in Florida

01/29/2001

5. FEI Number

593695930

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

500027654315
01/27/04--01017--030 **150.00

7. Name and Address of Current Registered Agent

Name

EDWARD M SLAMAN

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

8331 FOUNTAIN AVE

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33615

500027654315
02/10/04--01079--005 **150.00

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

Date 01/20/2004

REGISTERED AGENT MUST SIGN

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	EDWARD M SLAMAN	8331 FOUNTAIN AVE	TAMPA, FL 33615

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:

Edward M Slaman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/20/2004 813-881-0431

Date

Daytime Phone #

CR2E081 (1/02)

Contractors-Reporting Service, Inc.

2001 W. Busch Blvd.

Tampa, FL 33612

Ph: 813-932-5244

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Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To whom it may concern,

Please note that the corporation West Coast Air, Inc. did not receive the UBR or Annual Report for the past year due to a change in address. Please take note of the new address change. Attached is payment for \$150.00 for the past year of renewal.

If you should have any questions, please feel free to contact me at any time.
813-881-0431

Thank you,

Edward M Slaman

Edward Slaman