

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
2008 SEP -9 AM 11:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P0100089719

P01000089719

**1. Corporation Name**

WEST COAST TAX & ACCOUNTING CORP

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

7566 SPRING HILL DRIVE

Suite, Apt. #, etc.

City & State

SPRING HILL, FL

Zip

34606

Country

**3. Mailing Office Address**

7566 SPRING HILL DRIVE

Suite, Apt. #, etc.

City & State

SPRING HILL, FL

Zip

34606

Country

CR2E081 (12/07)

**4. Date Incorporated or Qualified**

To Do Business in Florida 09/10/2001

**5. FEI Number**

59-3745784

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

BRIAN LIANG

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

832 N THORNTON AVE

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32803

☒ The 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

*Brian Liang*

Date 08/12/2008

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
P	FRANK G QIAO	7566 SPRING HILL DRIVE	SPRING HILL, FL 34606

100135606271  
09/09/08--01031--002 \*\*450.00

**REINSTATEMENT**

06-08

**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 contained in Chapter 119, 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:

*Frank G Qiao*

08/12/2008 352-683-9005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #