

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 FEB -4 AM 10:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000102093

1. Corporation Name

WEST COAST TRANSMISSION, INC.

Principal Place of Business

6401 34 STREET NORTH  
PINELLAS PARK FL 33871

Mailing Address

6401 34 STREET NORTH  
PINELLAS PARK FL 33871

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/19/2001

5. FEI Number

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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	WALTON, PATRICK	6401 34 STREET NORTH	PINELLAS PARK FL 33871
VSD	TIERNEY, LARRY	6401 34 STREET NORTH	PINELLAS PARK FL 33871

600011787756  
02/04/03--01071--024 \*\*750.00

8. Name and Address of Current Registered Agent

~~BEACH, JAMES D~~  
~~424 CENTRAL AVE STE 702~~  
~~ST PETERSBURG FL 33701~~

9. Name and Address of New Registered Agent

Name

PATRICK WALTON

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

6401 34 STREET NORTH

Suite, Apt. #, Etc.

City

PINELLAS PARK FL

State

FL

Zip Code

33871

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

1/31/03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/9/02

Daytime Phone #

954-523  
8885