PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR -1 PM 1:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000054971

1. Corporation Name

West Coast Food Store, Inc

2. Principal Office Address	**3.** Mailing Office Address
12275 Collier Blvd	12275 Collier Blvd
Suite, Apt. #, etc. #1	Suite, Apt. #, etc. #1
City & State Naples, FL	City & State Naples, FL
Zip 34116 Country	Zip 34116 Country

100031690171
04/01/04--01025--029 **900.00

4. Date Incorporated or Qualified To Do Business in Florida 5/16/2002

5. FEI Number 04-3666672 ☐ 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: Louis A Accime

Street Address (P.O. Box Number is Not Acceptable): 5490 16th Place S.W.

Suite, Apt. #, Etc.:

City: Naples, Florida 34116 State: FL Zip Code:

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: Louis Accime Date: 3/23/04
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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	Louis A Accime	5490 16th PL SW	Naples, FL 34116
VP	Myrlande Accime	5490 16th PL SW	Naples, FL 34116
		REINSTATEMENT 03-04	

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: Louis Accime 3/23/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #