

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 NOV -7 AM 11:28

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P02000069928

1. Corporation Name

WEST BAY CONSULTING, INC.

Principal Place of Business

Mailing Address

11266 WEST HILLSBOROUGH AVE.
#301
TAMPA FL 33635-9762

11266 WEST HILLSBOROUGH AVE.
#301
TAMPA FL 33635-9762

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

07/01/2002

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
DPST	MANLEY, JAMES A	11266 WEST HILLSBOROUGH AVE. #30	TAMPA FL 33635

000024517060
11/07/03--01079--003 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MANLEY, JAMES A
11266 WEST HILLSBOROUGH AVE.
#301
TAMPA FL 33635-9762

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

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

Daytime Phone #

11.3.03 813-760-0721

CR2E040 (7/03)

Florida Department of State
Division of Corporations

November 2nd, 2003

James Manley
West Bay Consulting, Inc.
11266 West Hillsborough Avenue, #301
Tampa, FL 33635-9762
(813) 760-0721

To Whom It May Concern:

As the President of West Bay Consulting, Inc., I am writing to ask you for a one time waiver of the corporate reinstatement fees for a dissolved or revoked corporation.

There was a miscommunication with my accounting firm, and I was under the assumption that they would be filing the report. In addition, I never received the initial Uniformed Business Report or any prior notices.

As a first year Florida Corporation owner, I take full responsibility for this mistake, and I have informed my staff of the importance of this document in the future. I am hoping that you can accommodate my request for this one time waiver, and I am enclosing a check for \$150.

Feel free to call me if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'James Manley', with a long horizontal line extending to the right.

James Manley
President