

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 MAR -4 AM 10:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PD 40001400 74

1. Corporation Name

ALL Westcoast Plumbing + Maintenance, INC.

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

614 MOUNTAIN DR.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 1123

Suite, Apt. #, etc.

City & State

Destin

City & State

Florida

Zip

32541

Country

OKA100SA

Zip

32540

Country

OKA100SA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

20-1999813

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

Charles R. Whaley

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

614 MOUNTAIN DRIVE

Suite, Apt. #, Etc.

City

Destin

State

FL

Zip Code

32541

☒ 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

Charles R. Whaley

REGISTERED AGENT MUST SIGN

Date 02/23/2010

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
PRES	Charles R. Whaley	614 Mountain Dr	Destin FL 32541

600171277906  
03/04/10--01044--010 \*\*458.75

10. E-mail Address: CRW1751@MSN.COM

(To be used for future annual report notification)

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. I further certify, 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:

Charles R. Whaley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/23/2010

Date

Daytime Phone #

3152