

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 FEB - 8 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400088462024
02/16/07--01003--028 **308.75

CR2E081 (12/05)

06-07

DOCUMENT # **P04000170282**

1. Corporation Name

WestCoast Construction & Grading Inc.

2. Principal Office Address

4412 W Bay Ct Ave
Suite, Apt. #, etc.

3. Mailing Office Address

4412 W Bay Ct Ave
Suite, Apt. #, etc.

City & State

FL Tampa

City & State

Tampa FL

Zip

33611 U.S.

Zip

33611 U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

1-3-05

5. FEI Number

20-2034754

☒ 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

Carey Maynell

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

4412 W Bay Ct Ave

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33611

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

1-4-07

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
PS	Carey Maynell	4412 W Bay Ct Ave	Tampa FL 33611

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-4-07 813) 956-2264

Daytime Phone #

22/9