

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

00 JUL 24 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000044180

1. Corporation Name

WEST FLORIDA MARINE ELECTRONICS, INC.

2. Principal Office Address

3104 N. Tamiami Trail

3. Mailing Office Address

3104 N. Tamiami Trail

Suite, Apt. #, etc.

Sarasota

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Sarasota, FL

Zip

34234

Country

US

Zip

34234

Country

US

**4. Date Incorporated or Qualified
To Do Business in Florida**

07/01/1993

5. FEI Number

65-0424964

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 WEST, RICHARD O

200003354282--8

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

3104 N. Tamiami Trail

08/11/00-01096-004
****900.00 ****900.00

Suite, Apt. #, Etc.

City

Sarasota FL

State
FL

Zip Code
34234

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

Richard O. West

REGISTERED AGENT MUST SIGN

Date 7/19/00

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
PT	WEST, RICHARD O.	3644 Pond View Lane	Sarasota, FL. 34235

REINSTATEMENT

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:

Richard O. West

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/19/00

Date

941-351-3332

Daytime Phone #