

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 OCT 27 PM 2:29

with  
10/28

DOCUMENT # P94000087515

1. Corporation Name

WEST COAST MANUFACTURING, INC.

Principal Place of Business

~~8000 WILES RD. #11~~  
~~CORAL SPRINGS FL 33067~~

Mailing Address

~~8000 WILES RD. #11~~  
~~CORAL SPRINGS FL 33067~~

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

2. New Principal Office Address, If Applicable

6601 LYONS RD-D2  
Suite, Apt. #, etc.  
D-2

3. New Mailing Office Address, If Applicable

6601 LYONS RD  
Suite, Apt. #, etc.  
D2

4. Date Incorporated or Qualified  
To Do Business in Florida

12/02/1994

5. FEI Number

88-0312235

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

City & State

COCONUT CREEK, FL

City & State

COCONUT CREEK, FL

Zip

33073

Country

USA

Zip

33073

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	WOLLMANN, DAN D	7721 NEWPORT DR	PARKLAND FL 33065
VP	WOLLMANN, FRANCESCA D	7721 NEWPORT DR	PARKLAND FL 33065

600002332656--8  
-10/29/97--01077--024  
\*\*\*\*758.75 \*\*\*\*758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WOLLMANN, DAN D

~~8000 WILES RD. #11~~  
~~CORAL SPRINGS FL 33067~~

Name

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

6601 LYONS RD.

Suite, Apt. #, Etc.

STE. D2

City

COCONUT CREEK

State

FL

Zip Code

33073

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.

Signature of  
Registered Agent

*[Signature]* PRES. DAN D. WOLLMANN

Date

10/24/97

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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]* PRES. DAN D. WOLLMANN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/24/97 954-25-8314

CR2040 (8/97)