

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

95-16852

1. Corporation Name

West Coast Custom Remodeling

2. Principal Office Address

1108 East Lemon St.

Suite, Apt. #, etc.

City & State

Tarpon Springs

Zip

34689

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

3/1/95

5. FEI Number

59-3298080

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

JAY LAW

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

1108 East Lemon St.

Suite, Apt. #, Etc.

800026215738

01/06/04--01086--006 **150.00

City

Tarpon Springs

State

FL

Zip Code

34689

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

Jay Law

REGISTERED AGENT MUST SIGN

Date 11-30-03

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
P	Leonard Burney	PO Box 1422	Webster FL 33597
N	JAY LAW	1108 E. Lemon St.	Tarpon Springs FL 34689

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:

Leonard M. Burney

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-30-03

Daytime Phone #

November 30, 2003

**State of Florida
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**

**Re: West Coast Custom Remodeling, Inc.
Document Number P95000016852**

Dear Sir or Madam:

It has been brought to my attention the Uniform Business Report for West Coast Custom Remodeling, Inc. has not been filed with your office for the calendar year 2003.

The original 2003 Uniform Business Report was not delivered to my office. We had an address change in 2003 and the forms were not forwarded to us.

Please accept my check in the amount of \$150.00 for 2003 representing the annual report fee and abate the penalty.

I appreciate your cooperation.

Sincerely,


**Leonard Burney
President**