

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

97 JUL -7 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

8950000 59859

1. Corporation Name

West India Trading Company

Principal Place of Business

Mailing Address

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

2. New Principal Office Address, if Applicable

2729 FlightLine Ave.

Suite, Apt. #, etc.

Sanford Orlando Airport

City & State

Sanford, FL.

Zip

32714

Country

USA.

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

August 1, 1995

5. FEI Number

59-3376424

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	Robert Mahaney	661 Jamestown Blvd #2088 Altamonte Springs FL 32714	Altamonte Springs FL 32714
S/V/D	RANDALL Molnar	613 MAJORCA AVE 32714	Altamonte Springs, FL 32714
T/D	GERALD Bourne	221 W Longcreek Cone Longwood FL 32750	Longwood FL 32750

REINSTATEMENT 96-97

88 7-8-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Robert Mahaney
661 Jamestown Blvd #2088
Altamonte Springs, FL.
32714

Name

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

700002235417--2

Suite, Apt. #, Etc.

07/10/97-01100-009

****923.75 ****923.75

City

State

FL

Zip Code

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

Robert Mahaney

REGISTERED AGENT MUST SIGN

Date 6/11/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Mahaney

6/11/97

Date

407-788-7384

Daytime Phone #