

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 FEB -1 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000063260

1. Corporation Name

WEST COAST MATERIALS, INC.

2. Principal Office Address

5355 W. GROVER CLEVELAND BLVD.

Suite, Apt. #, etc.

City & State

HOMOSASSA FL

Zip

34446

Country

USA

3. Mailing Office Address

P.O. Box 3593

Suite, Apt. #, etc.

City & State

OCALA FL

Zip

34478

Country

USA

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

7/29/1996

5. FEI Number

59-3398844

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

DONALD L. CUMMINGS

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

1515 E. SILVER SPRINGS BLVD.

Suite, Apt. #, Etc.

SUITE 112

City

OCALA

State

FL

Zip Code

34470

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

Donald L. Cummings

Date 1-24-00

REGISTERED AGENT MUST SIGN

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
PRES.	KENNETH H. MEAD	4795 NW 78TH AVE. OCALA FL 34482	OCALA, FL 34482
			100002130131--9 -02/09/00--01099--021 ****308.75 ****308.75
			REINSTATEMENT 99-00 TS

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:

Kenneth H. Mead

KENNETH H. MEAD

1-24-00

352-732-0214

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #