

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P96000098399

1. Entity Name  
WEST COAST PAPER PRODUCTS, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 FEB 19 PM 3:06

Principal Place of Business  
14101 HONEYWELL ROAD  
LARGO, FL 33771

Mailing Address  
14101 HONEYWELL ROAD  
LARGO, FL 33771

REINSTATEMENT 06-07



2. Principal Place of Business - No P.O. Box #  
3679 46th Ave N  
Suite, Apt. #, etc.

3. Mailing Address  
3679 46th Ave N  
Suite, Apt. #, etc.

02092007 REIN-P CR2E098 (1/07)

City & State  
St Petersburg FL  
Zip  
33714 Country  
USA

City & State  
St Petersburg FL  
Zip  
33714 Country  
USA

4. FEI Number  
59-3415288 Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILEMAN, MICHAEL J  
14101 HONEYWELL ROAD  
LARGO, FL 33771

7. Name and Address of New Registered Agent

Name  
Wileman, Michael L  
Street Address (P.O. Box Number is Not Acceptable)  
3679 46th Ave N  
City  
St Petersburg FL Zip Code  
33714

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Michael L Wileman*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-14-07

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
WILEMAN, MICHAEL J  
3679 46 AVE N  
SAINT PETERSBURG, FL 33714 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PVST  
WILEMAN, MICHAEL J  
14101 HONEYWELL ROAD  
LARGO, FL 33771 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Wileman, Michael L ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Wileman, Michael L ☒ Change ☐ Addition  
3679 46th Avenue N  
St Petersburg FL 33714

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
300089579549 ☐ Change ☐ Addition  
02/27/07--01017--003 \*\*300.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michael L Wileman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-07 727-522-8831

Date

Daytime Phone #