

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

98 NOV 25 PM 4: 16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000008268

1. Corporation Name

WEST COAST PARADISE INVESTMENTS, INC.

Principal Place of Business

Mailing Address

~~4840 DAVIS BLVD.~~  
~~NAPLES FL 34104~~

~~4840 DAVIS BLVD.~~  
~~NAPLES FL 34104~~

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

2. New Principal Office Address, If Applicable

26200 GEORGE ZEIGER DR

Suite, Apt. #, etc.

305

City & State

BEACHWOOD, OHIO

Zip

44122

Country

Cuyahoga

3. New Mailing Office Address, If Applicable

26200 GEORGE ZEIGER DR

Suite, Apt. #, etc.

305

City & State

BEACHWOOD, OHIO

Zip

44122

Country

Cuyahoga

REINSTATEMENT 98

4. Date Incorporated or Qualified  
To Do Business in Florida

01/28/1997

5. FEI Number

59-3498867

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PSTD	MUSARRA, PETER	<del>1051 FOXFIRE LANE, UNIT 107</del>	<del>NAPLES FL 34104</del>
		26200 GEORGE ZEIGER DR #305	BEACHWOOD, OH, 44122
			300002706403--6
			-12/09/98--01001--014
			****750.00 ****750.00

8. Name and Address of Current Registered Agent

~~KRYKO, WALLY~~  
~~4840 DAVIS BLVD.~~  
~~NAPLES FL 34104~~

9. Name and Address of New Registered Agent

Name PETER C. MUSARRA

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

4840 DAVIS BLVD.

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34104

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

*Peter C. Musarra*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 11-19-98

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:

*Peter C. Musarra*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-19-98

Daytime Phone #

CR2E040 (9/98)