

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM: ~~MOVEL~~

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUL 10 PM 2:53

DOCUMENT # **P970000008268**

1. Corporation Name

WEST COAST PARADISE INVESTMENTS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600021999376
08/01/03--01006--024 **1058.75

REINSTATEMENT 01-03

2. Principal Office Address 5250 Fox Hollow Drive		3. Mailing Office Address 5250 Fox Hollow Drive	
Suite, Apt. #, etc. 519		Suite, Apt. #, etc. 519	
City & State Naples FL		City & State Naples FL	
Zip 34104	Country Collier	Zip 34104	Country Collier

4. Date Incorporated or Qualified To Do Business in Florida January 28, 1997	
5. FEI Number 59-3498867	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name

MUSARRA, Peter C.

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

5250 Fox Hollow Drive

Suite, Apt. #, Etc.

519

City

Naples

State

FL

Zip Code

34104

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

Peter C. Musarra
Peter C. Musarra

REGISTERED AGENT MUST SIGN

Date

7-2-03

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
PSTD	MUSARRA, PETER C.	5250 Fox Hollow Dr., 519	Naples, FL 34104

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:

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

Date

7-2-03

Daytime Phone #

CR2E081 (10/02)