

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

JAN 13 PM 12:59

DOCUMENT # P97000069768

1. Corporation Name

WESTCOAST PROPERTY MANAGEMENT, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

11900 CORTEZ RD W
CORTEZ FL 34215
US

Mailing Address

P.O. BOX 713
CORTEZ FL 34215
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/12/1997

5. FEI Number

65-0787966

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

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 3	City / State / Zip 4
PD	KRAFT, FRANK E	2304 PALMA SOLA BLVD	BRADENTON FL 34210
D	KRAFT, DAVID R	6717 2ND AVS CIR W	BRADENTON FL 34209
VD	KRAFT, FRANK T	6737 2ND AVE CIR W	BRADENTON FL 34209

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*****750.00 *****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KRAFT, RANDY
8708 CORTEZ RD W
BRADENTON FL 34210

Name

Randy KRAFT

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

2304 Palma Sola Blvd.

Suite, Apt. #, Etc.

City

BRADENTON

State

FL

Zip Code

34209

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

1/11/2000

11. 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/11/2000

Daytime Phone #

941-795-7600