

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 DEC 13 PM 1:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000033083

1. Corporation Name

West Coast Partners, Inc.

2. Principal Office Address

101 Riverfront Blvd.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

610

Suite, Apt. #, etc.

City & State

Bradenton, FL

City & State

Zip

34205

Country

USA

Zip

Country

800062121148  
12/13/05--01036--017 \*\*1200.00

CR2E081 (8/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

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

Dennis D. Bradford

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

101 Riverfront Blvd.

Suite, Apt. #, Etc.

Suite 610

City

Bradenton, FL

State

FL

Zip Code

34205

REINSTATEMENT

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

*[Signature]*

Date

12-8-05

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
P/D	Dennis D. Bradford	101 Riverfront Blvd 610	Bradenton, FL 34205
S/D	Joseph G. Luback	825 Parkway St. # 4	Jupiter, FL 33477

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:

*[Signature]*

Dennis D. Bradford, P/D

Date

12-8-05

Daytime Phone #

941-725-7272