

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 16 PM 1:10

DOCUMENT # P980000065942

1. Corporation Name

WESTSHORE BRANCH, INC.

2. Principal Office Address

4890 W. KENNEDY BLVD.

Suite, Apt. #, etc.

SUITE 800

City & State

TAMPA

FL

Zip

33609

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 01-05

4. Date Incorporated or Qualified
To Do Business in Florida

7/24/98

5. FEI Number

59-3525698

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

CARMINE J. LACOGNATA

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

4890 W. KENNEDY BLVD.

Suite, Apt. #, Etc.

SUITE 800

City

TAMPA

State

FL

Zip Code

33609

400048581934

03/17/05--01007--010 **138.75

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

Carmine J. Lacognata

REGISTERED AGENT MUST SIGN

Date 3/15/05

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
PRES+	CARMINE J. LACOGNATA	1971 LAGO VISTA BLVD.	
DIRECTOR		PALM HARBOR FL	34685

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:

Carmine J. Lacognata

CARMINE J. LACOGNATA

3/15/05

813-282-9088

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)