

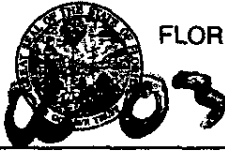
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAY -8 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P990000076640

1. Corporation Name

WEST COAST FINANCIAL, INC.

2. Principal Office Address

9225 Bay Plaza Blvd

Suite, Apt. #, etc.

418

City & State

TAMPA, FL

Zip

33619

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

700018574847

05/08/03--01082--004 **608.75

4. Date Incorporated or Qualified
To Do Business in Florida

8-27-99

5. FEI Number

59-3596609

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

JOSEPH ACOSTA

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

13520 98th Terrace

Suite, Apt. #, Etc.

City

SEMINOLE

State

FL

Zip Code

33776

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]

REGISTERED AGENT MUST SIGN

Date

5/6/03

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
Pres	JOSEPH ACOSTA	13520 98th Terrace	SEMINOLE, FL 33776

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)(f), 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/6/03

Daytime Phone #

813-622-7272

CFR2081 (10/02)

West Coast Financial, Inc.

6-May-03

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

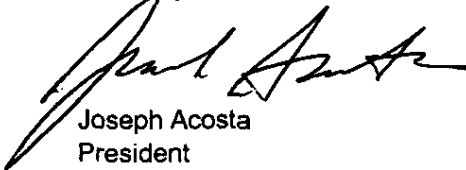
RE: REINSTATEMENT OF CORPORATION

DEAR SIR/MADAM;

I am filing this corporation reinstatement form. The form was never received probably due to an address change that we had made in the beginning of the year 2000. Our address is correct on the form enclosed. West Coast Financial, Inc. has filed all state and federal tax returns through the year 2003. All banking licenses are current and have been active since incorporating. Please process reinstatement asap and waive all late fee and penalties.

I thank you in advance for your help

Sincerely



Joseph Acosta
President
West Coast Financial, Inc.