PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 23 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000078770**

2ND YEAR IN A Row WE NEVER RECEIVED REGISTRATION FORM!!

1. Corporation Name

WES MANAGEMENT, INC.

Principal Place of Business	Mailing Address
3180 LAKESHORE DRIVE DEERFIELD BEACH FL 33442	C/O THE MELTING POT 5455 N FEDERAL HWY. SUITE A BOCA RATON FL 33487

REINSTATEMENT 03

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	(ADD) C/O THE MELTING POT Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 08/14/2000

5. FEI Number 11-3650329 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
STD	SCHMEARER, WILLIAM	3180 LAKESHORE DRIVE	DEERFIELD BEACH FL 33442

500024056245
10/23/03--01083--016 **150.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
SCHMEARER, WILLIAM 3180 LAKESHORE DRIVE DEERFIELD BEACH FL 33442	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State FL / Zip Code

CR2E040 (7/03)

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. or 617.0505, F.S.

Signature of Registered Agent _____ Date 10/9/2003
REGISTERED AGENT MUST SIGN

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: _____ 10/9/2003 (561) 259-3979
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

October 10, 2003

Florida Department Of State
Glenda E. Hood
Secretary of State
Division of Corporations

Via U.S. Mail

Dear Ms. Hood:

This is the second year in a row that I did not receive any UBR filing notices. However, I have received both the dissolution notices! Perhaps it is due to our business name not appearing on your address of record. Therefore, please note the change on the application enclosed.

I respectfully request a waiver of the reinstatement fee, and I am therefore enclosing the normal filing fee of $150.

If you have any questions please feel free to call me at 561-239-3979. Thank you for your consideration in this matter.

Sincerely yours,

William Schmearer, President
WES Management, Inc.

5455 N. Federal Hwy, Ste A
Boca Raton, FL 33487
Phone (561) 997-7472
Fax (561) 998-9687