

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000038948

1. Entity Name
WESFORT, CORPORATION



FILED

04 NOV 19 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4144 N ARMENIA AVE STE 300
TAMPA, FL 33607

Mailing Address
4144 N ARMENIA AVE STE 300
TAMPA, FL 33607

2. Principal Place of Business
2203 N. Lois Ave

3. Mailing Address
2203 N. LOIS AVE.

Suite, Apt. #, etc.
720

Suite, Apt. #, etc.
Suite 720

City & State
TAMPA, FL

City & State
TAMPA, FL

Zip
33607

Country
U.S.A.

Zip
33607

Country
U.S.A.

11182004

REIN-P

CR2E098 (6/04)

4. FEI Number
42-1597913

Applied For
Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BACCARELLA, DOMINIC
4144 N ARMENIA AVE STE 300
TAMPA, FL 33607

7. Name and Address of New Registered Agent

Name
ARTHUR NORIEGA, IV

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

2203 N. LOIS AVE, Suite 720

City
TAMPA

FL

Zip Code
33607

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Arthur Noriega IV

DIRECTOR

11/17/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
NORIEGA, ART
4144 N ARMENIA AVE STE 300
TAMPA, FL 33607 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ARTHUR NORIEGA, IV
2203 N. LOIS AVE., Suite 720
TAMPA, FL 33607 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P, D
TAHSIN ADNAN TAN
2203 N. LOIS AVE., Suite 720
TAMPA, FL 33607 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V, D
YUSUF AHMET TAN
2203 N. LOIS AVE., Suite 720
TAMPA, FL 33607 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000042907300
11/19/04--01068--003 **158.75 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
REINSTATEMENT 04 ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Arthur Noriega IV

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARTHUR NORIEGA IV

11/17/04

Date

(813) 874 0330

Daytime Phone #