PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT -3 PM 12:50

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000095525

REINSTATEMENT 98-03

1. Corporation Name

WESTPORT RESOURCES, INC.

2. Principal Office Address	**3.** Mailing Office Address
6278 N. FEDERAL HWY.	6278 N. FEDERAL HWY.
Suite, Apt. #, etc. STE. 315	Suite, Apt. #, etc. STE. 315
City & State FT. LAUDERDALE, FL	City & State FT. LAUDERDALE, FL
Zip 33308 Country USA	Zip 33308 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 11/22/96

5. FEI Number 65-072-9610 ☐ 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: LINDA LOPRESTO

Street Address (P.O. Box Number is Not Acceptable): 431 S.E. 5 COURT

900023835719
10/08/03--01013--009 **2108.75

Suite, Apt. #, Etc.:

City: POMPANO BEACH State: FL Zip Code: 33060

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: Linda Lopresto Date: 10/1/03

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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.	LINDA LOPRESTO	431 S.E. 5 COURT	POMPANO BEACH, FL 33060
V.P.	DIANA M. DEFONZO	431 S.E. 5 COURT	POMPANO BEACH, FL 33060

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: Linda Lopresto LINDA LOPRESTO 10/1/03 954-946-8112

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #