

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P06000083794

**FILED**  
**Oct 01, 2010**  
**Secretary of State**

**Entity Name:** 405 NORTH WESTSHORE CORP.

**Current Principal Place of Business:**

405 NORTH WESTSHORE  
TAMPA, FL 33609 US

**New Principal Place of Business:**

**Current Mailing Address:**

405 NORTH WESTSHORE  
TAMPA, FL 33609 US

**New Mailing Address:**

**FEI Number:** 59-2094035

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SMITH, DON  
405 NORTH WESTSHORE  
TAMPA, FL 33609 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: DONALD W. SMITH

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P,D  
Name: SMITH, DON  
Address: 405 NORTH WESTSHORE  
City-St-Zip: TAMPA, FL 33609 US

Title: VPD  
Name: SMITH, GLENN  
Address: 405 NORTH WESTSHORE  
City-St-Zip: TAMPA, FL 33609 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DONALD W. SMITH

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

VP

10/01/2010

\_\_\_\_\_  
Date