2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# 339981

Entity Name: WESTERN MASTERS, INC.

Current Principal Place of Business:

570 BEACHLAND BLVD
VERO BEACH, FL 32963

New Principal Place of Business:

Current Mailing Address:

570 BEACHLAND BLVD
VERO BEACH, FL 32963

New Mailing Address:

1965 25TH AVE
VERO BEACH, FL 32960

FEI Number: 59-1232028 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DUPONT, S.H., JR.
570 BEACHLAND BLVD
VERO BEACH, FL 32963 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: SAMUAL HALLOCK DUPONT JR
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: DUPONT, S.H., JR.,
Address: 570 BEACHLAND BLVD
City-St-Zip: VERO BEACH, FL 32963

Title: D ( ) Delete
Name: DUPONT, W.K., JR.,
Address: 1055 PLEASANT HILL RD
City-St-Zip: NEWARK, DE 19711

Title: D ( ) Delete
Name: DU PONT, R. S.,
Address: PO BOX 219
City-St-Zip: HOCKESSIN, DE 19707

Title: ST ( ) Delete
Name: DUPONT, S H JR
Address: 570 BEACHLAND BLVD
City-St-Zip: VERO BEACH, FL 32963

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SAMUAL HALLOCK DUPONT PD 04/30/2008
Electronic Signature of Signing Officer or Director Date