

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 838907

1. Entity Name
WESTMONT INDUSTRIES, INC.



Principal Place of Business
**10805 S. PAINTER AVE.
SANTA FE SPRINGS, CA 90670**

Mailing Address
**10805 S. PAINTER AVE.
SANTA FE SPRINGS, CA 90670 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



4. FEI Number
95-2880878

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301**

Name

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

City

FL

Zip Code

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 Cynthia L. Harris
Signature (Typed or printed name of registered agent and title if applicable)

**Cynthia L. Harris
Asst. Vice President**

(NOTE: Registered Agent signature required when reinstating)

10/31/06
DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2007, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CFO
CHETWOOD, DAVID A
10805 S. PAINTER AVE.
SANTA FE SPRINGS, CA 90670**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**700081436497
11/01/06--01048--017 **150.00**

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CB
HENDERSON, DIANE
10805 S. PAINTER AVE.
SANTA FE SPRINGS, CA 90670**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
MEIER, RAMON
10805 S. PAINTER AVE.
SANTA FE SPRINGS, CA 90670**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/17/06
Date

5629446137
Daytime Phone #