

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Tom Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 NOV -4 AM 8:01

DOCUMENT # F01000004350

1. Corporation Name

WESTEK ELECTRONICS, INC.

Principal Place of Business

2450 17TH AVE. STE 200  
SANTA CRUZ CA 95062

Mailing Address

PO BOX 4288  
SANTA CRUZ CA 95063-4288

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/16/2001

5. FEI Number

77-0134880

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| 1<br>Title(s) | 2<br>Name of Officers<br>and/or Directors | 3<br>Street Address of Each<br>Officer and/or Director | 4<br>City / State / Zip |
|---------------|---|--|-------------------------|
| P             | LARKIN, KEVIN                             | 231 HIDDEN GLEN  | SCOTTS VALLEY CA 95066  |
| S             | LARKIN, DEBBIE                            | 231 HIDDEN GLEN  | SCOTTS VALLEY CA 95066  |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |

8. Name and Address of Current Registered Agent

REGISTERED AGENTS LEGAL SERVICES, INC.  
1333 NORTH DUVAL STREET  
TALLAHASSEE FL 32302

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/30/02

11. 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-23-02

Daytime Phone #

AD

CR2E040 (8/02)



P.O. Box 4288, Santa Cruz, CA 95063-4288  
Toll Free (800) 526-2673 Fax (800) 526-3299  
[www.westekelectronics.com](http://www.westekelectronics.com)

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October 23, 2002

Division of Corporations  
Annual Report/Reinstatement Section  
PO Box 6327  
Tallahassee, FL 32314-6327

Re: F01000004350

To Whom It May Concern:

Westek would like to request a waiver of Reinstatement Fees. Westek never received the two prior Uniform Business Report notices. Enclosed is our check for \$150.00 to cover the Annual Report Fee and the Corporate Supplemental Fee.

Thanking you in advance for your assistance in this matter.

Sincerely,

A handwritten signature in black ink, appearing to be "K. Larkin", written over a horizontal line.

Kevin Larkin  
President/CEO