PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM FLORIDA DEPARTMENT OF STATE CORPORATION Secretary of State 2007 OCT 23 AM IO: 15 REINSTATEMENT DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE FLORIDA DOCUMENT # F02000002963 1. Corporation Name **Westway Trading Corporation** REINSTATEMENT 03-07 3. Mailing Office Address 365 Canal St. 2. Principal Office Address - No P.O. Box # 365 Canal St. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite 2900 Suite 2900 Date Incorporated or Qualified To Do Business in Florida 06/11/2002 City & State City & State New Orleans, LA New Orleans, LA Applied For 76-0694689 Not Applicable 70130 70130 Country Country 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status 7. Name and Address of Current Registered Agent ₾ T Corporation System √ The reinstatement fee is imposed, except in circumstances which the entity did not receive Street Address (P.O. Box Alumber is Not Acceptable) 1200 South Pine Island Rd. the prior notices. By checking this box, you are certifying the prior notices were not Suite, Apt. #, Etc. received and requesting the reinstatement fee be waived. Plantation 33324 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 REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director Titles City / State / Zip P/D New Orleans, LA 70130 A. Whitfield Huguley, IV 365 Canal St.. Ste 2900 Bryan D. Shoemaker 14015 Park Dr., Ste 217 Tombail, TX 77377 John E. Randle VP/D 365 Canal St., Ste 2900 New Orleans, LA 70130 VΡ Murray D. Innes 14015 Park Dr., Ste 217 Tomball, TX 77377 T/D Ian Falshaw 365 Canal St., Ste 2900 New Orleans, LA 70130 S/D Anthony R. Watts 365 Canal St., Ste 2900 New Orleans, LA 70130 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 contained in Chapter 119, 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. (504) 525-9741 SIGNATURE: IAN FALSHAW SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #