# Florida Department of State
## Division of Corporations
## Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)205-8842
Fax Number : (850)878-5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

**Email Address:** _____

**CORPORATION REINSTATEMENT**
**WESTPRO EQUIPMENT COMPANY**

| | |
|---|---|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | $3,900.00 |

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

2015 AUG -3 PM 1:30

DOCUMENT # F93000001039

1. Corporation Name
WESTPRO EQUIPMENT COMPANY

| 2. Principal Office Address - No P.O. Box | 3. Mailing Office Address |
|---|---|
| 2255 Glades Road | 2255 Glades Road |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| Suite 324A | Suite 324A |
| City & State | City & State |
| Boca Raton, Florida | Boca Raton, Florida |
| Zip / Country | Zip / Country |
| 33432 USA | 33432 USA |

CR2E003 (22/20)

4. Date Incorporated or Qualified To Do Business in Florida
02/16/1993

5. FEI Number
65-0384181

Applied For

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, etc.

| City | State | Zip Code |
|---|---|---|
| Plantation | FL | 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 617.0505, F.S.

Signature of Registered Agent: Christie Pilarik
Vice President & Assistant Secretary
Date: 7/28/15

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida profit corporations must include at least one director.)

| Title | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|---|---|---|---|
| DPVS | John E. Atkinson | 2255 Glades Road | Boca Raton, FL, 33432 |
| T | John E. Atkinson | 2255 Glades Road | |
| | | | |
| | REINSTATEMENT | | |
| | | | |
| | 1994-2015 | | |

10. E-mail Address: atkinson@westpromachinery.com
(To be used for future annual report notification)

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. Further, if I am signing 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., and that all fees owed by the corporation have been paid. I further certify that the information indicated on this application is true and accurate, and my signature shall attest to the aforesaid as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: 7/28/15 205-549-6711ex202
SIGNATURE AND TITLE OF AUTHORIZED INDIVIDUAL OF OFFICER OR DIRECTOR — DATE — DAYTIME TELEPHONE NUMBER

AUG 03 2015

L BERGER