

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

07 MAR 19 PM 1:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F98000001147

1. Corporation Name

WEST + WEST ASSOCIATES, INC.

**REINSTATEMENT 04-07**

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #

101 S. GULFSTREAM AVE

3. Mailing Office Address

P.O. Box 48237

Suite, Apt. #, etc.

14E

Suite, Apt. #, etc.

City & State

SARASOTA, FL

City & State

SARASOTA, FL

Zip

34236

Country

USA

Zip

34230

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

FEB. 27, 1998

5. FEI Number

11-3206868

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

SCOTT E. WEST

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

101 S. GULFSTREAM AVE.

Suite, Apt. #, Etc.

14E

City

SARASOTA

State

FL

Zip Code

34236

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date

3/15/07

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES. DIA. P.P. TREAS	SCOTT E. WEST	101 S. GULFSTREAM AVE.	SARASOTA, FL 34236
	ROSEANN WEST	7931 PINE GROVE CT.	SARASOTA, FL 34238
SECY. DIA.	EDWARD WEST	7931 PINE GROVE CT.	SARASOTA, FL 34238

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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.

SIGNATURE:

ROSEANN WEST

3-15-07 941-966-1471

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

XC 3/22