

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JUL 15 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000004756

1. Corporation Name

WESTLAKE MANAGEMENT COMPANY

REINSTATEMENT 99-05

400057516604
07/15/05--01034--006 **1650.00

2. Principal Office Address

ATTN: RON LUSK

3. Mailing Office Address

ATTN: RON LUSK

Suite, Apt. #, etc.

2100 McKinney Ave., Ste. 1555

Suite, Apt. #, etc.

2100 McKinney Ave., Ste. 1555

City & State

Dallas, TX

City & State

Dallas, TX

Zip

75201

Country

US

Zip

75201

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

08/20/1998

5. FEI Number

75-2444409

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

PETER G. HERMAN, ESQ.

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

c/o TRIPP SCOTT, P.A.

Suite, Apt. #, Etc.

110 SE 6th STREET, 15th FLOOR

City

FORT LAUDERDALE

State

FL

Zip Code

33301

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 7/6/2005

REGISTERED AGENT MUST SIGN

9. Names 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
DPST	RON LUSK	2100 McKinney Ave., Ste. 1555	Dallas, TX 75201

Handwritten initials/signature

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/2005

Date

214-382-3630

Daytime Phone #

CR2E001 (01/05)