

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F99000000537

1. Corporation Name

WESTLAKE SERVICES, INC.

Principal Place of Business

Mailing Address

~~137 N. VIRGIL AVENUE~~  
~~LOS ANGELES CA 90004~~

~~137 N. VIRGIL AVENUE~~  
~~LOS ANGELES CA 90004~~

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

2. New Principal Office Address, If Applicable

4751 Wilshire Blvd

Suite, Apt. #, etc.

Ste 100

City & State

Los Angeles, CA

Zip

90010

Country

3. New Mailing Office Address, If Applicable

4751 Wilshire Blvd

Suite, Apt. #, etc.

Ste 100

City & State

Los Angeles, CA

Zip

90010

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/28/1999

SP

5. FEI Number

95-4177647

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CDST	HANKEY, DON R	137 N VIRGIL AVENUE., STE 100	LOS ANGELES CA
P	VAGIM III, JAMES G	137 N VIRGIL AVENUE., STE 100	LOS ANGELES CA
VD	HAGAN, KENT T	137 N VIRGIL AVENUE., STE 100	LOS ANGELES CA
			800003454538--6 -11/07/00--01018--031 *****750.00 *****750.00
			800003454538--6 -11/07/00--01018--032 *****8.75 *****8.75

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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.

Signature of  
Registered Agent

*[Signature]* TARA COFER  
Special Assistant Secretary

Date

10/30/00

REGISTERED AGENT MUST SIGN

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]* Don Hankey  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/17/00

Daytime Phone #

(323) 692-4140

CR2E040 (8/00)