

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR



FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

02 NOV -6 AM 11:59

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **F99000004586**

1. Corporation Name
WESTERNCE, INC.

Principal Place of Business 1014 EAST 19TH STREET KANSAS CITY MO 64108	Mailing Address 1014 EAST 19TH STREET KANSAS CITY MO 64108
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 9554 Dice Lane		3. New Mailing Office Address, If Applicable 9554 Dice Lane		4. Date Incorporated or Qualified To Do Business in Florida 09/03/1999	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3493338	
City & State Lenexa KS		City & State Lenexa KS 66215		Applied For <input type="checkbox"/> Not Applicable	
Zip 66215	Country Johnson	Zip 66215	Country Johnson	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PCD	SHULTZ, JAMES E	1014 EAST 15TH STREET	KANSAS CITY MO 64198
D	REISLER, WILLIAM M	233 WEST 47TH STREET	KANSAS CITY MO 64112
A	PRYDE, JAMES P	3500 ONE KANSAS CITY PLACE 1200	KANSAS CITY MO 64105
D	VENABLE, WILLIAM R III	5630 GRANADA	SHAWNEE MISSION KS 66205
D	BARNES, MICHAEL	7735 FORSYTH BLD, SUITE 1810	ST. LOUIS MO 63105
DTS	FRIED, EDWARD I	1014 EAST 19TH STREET	KANSAS CITY MO 64108

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. 0000000041220 City State FL Zip Code	
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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. or 617.0505, F.S.

Signature of Registered Agent: *John J. Linihan*
John J. Linihan, Asst. V. REGISTERED AGENT MUST SIGN

Date: **10/28/2002**

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: *Western Ce. Inc. President*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **10-24-02** Daytime Phone #: **913-438-1889**

CR2E040 (8/02)



WesternCE
Incorporated

9554 Dice Lane
Lenexa, KS 66215

Phone 913-438-1889
Fax 913-438-1804
e-mail: watcher@westernce.com
Web-site: www.westernce.com

October 24, 2002

Division Of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL
32314-6327

WesternCE did not receive the prior UBR notices.
Enclosed is the application for Reinstatement and the filing fee of \$150.00.

Thank You.

A handwritten signature in black ink, appearing to read "Edward Fried", written over the typed name and title.

Edward Fried
President
WesternCE