

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Page 1 of 2

APPLICATION
FOR



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

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

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
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

9554 Dice Lane
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

09/03/1999

5. FEI Number

59-3493338

Applied For

Not Applicable

City & State

Lenexa KS

City & State

Lenexa KS 66215

Zip Country

66215 Johnson

Zip Country

66215 Johnson

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
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.

City

0000000041220

11/06/02--01146--005 **150.00

State

FL

Zip Code

CR2E040 (8/02)

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, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-24-02

913438-1889



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.

Edward Fried
President
WesternCE