

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L96-700
**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

FILED

00 JAN -3 PM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L96-700

1. Limited Liability Company's Name

Wescon International, L. C.
13925 58th Street North
Clearwater, FL 33760

2. Principal Office Address

13925 58th St. N.

Suite, Apt. #, etc.

City & State

Clearwater, FL

Zip

33760

Country

U.S.A.

3. Mailing Office Address

13925 58th St. N.

Suite, Apt. #, etc.

City & State

Clearwater, FL

Zip

33760

Country

U.S.A.

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

07/01/96

6. FEI Number

59-3386216

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

8. Name and Address of Current Registered Agent

Name

Marvin J. Slovacek, Jr.

000003096810 -- 1

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

13925 58th Street North

01/12/00 01094 026
****155.00 ****155.00

Suite, Apt. #, Etc.

City

Clearwater,

State

FL

Zip Code

33760

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

M J Slovacek, Jr.

REGISTERED AGENT MUST SIGN

Date

12/30/99

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Pres.	Patrick J. Sheppard	13925 58th St. North	Clearwater, FL 33760
Secty.	Marvin J. Slovacek, Jr.	13925 58th St. North	Clearwater, FL 33760
Treas.	Dennis W. Hill	13925 58th St. North	Clearwater, FL 33760

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

M J Slovacek, Jr.

Date

12/30/99

Daytime Phone #

(727) 535-7999

Typed or printed name of signing Managing Member/Manager

Marvin J. Slovacek, Jr.