

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 OCT 18 PM 2:13

DOCUMENT # *P01000009722*

1. Corporation Name

Westchester Solutions Inc.

W04000030670

REINSTATEMENT 02-04

2. Principal Office Address

5638 Riva Ridge Dr

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Wesley Chapel, FL

City & State

Zip

33544

Country

PASCO

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

01 JAN 25

5. FEI Number

59-3700627

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

TRAVIS D. WELLS

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

5638 RIVA RIDGE DR • WESLEY CHAPEL, FL 33544

Suite, Apt. #, Etc.

City

Wesley Chapel

State
FL

Zip Code

33544

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

July 20, 04

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
<i>Owner</i>	<i>Travis D. Wells</i>	<i>5638 RIVA RIDGE DRIVE Wesley Chapel, FL 33544</i>	<i>←</i>
<i>Manager</i>	<i>Carina E. Wells</i>	<i>5638 RIVA RIDGE DR</i>	<i>Wesley Chapel, FL 33544</i>

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11/01/04 01086 006 **450.00

REINSTATEMENT 02-04

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)(l), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

July 20, 04

Daytime Phone #

813 785-9403

CR2E081 (07/04)

Dear Mrs Eula Peterson,

Oct 11, 04

Florida Dept. of State

Per your request I am writing in reference to reinstatement of my corporation Westchester Solutions Inc tax id # 59-3700627. In 2002 or 2003

I never received or noticed for payment this is probable to address change from 16127 Compton Palms Dr which is where my business was established in Jan 25, 2001.

Also, I moved from 8547 Jr Manor a year later which Florida Dept of State could have mail it to as well. My new current business address is 5638 Riva Ridge Drive, Wesley Chapel, Florida 33544 please send any information pertaining Westchester Solutions Inc, directly to this address.

Thank you,

James P. Miller