

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 13 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000010745

1. Corporation Name

WEST STAR SALES & LEASING, INC.

Principal Place of Business

9359 BLIND PASS ROAD, #103
ST. PETE BEACH FL 33706

Mailing Address

9359 BLIND PASS ROAD, #103
ST. PETE BEACH FL 33706

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

2. New Principal Office Address, If Applicable

409 80TH WAY
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

SAME
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

01/30/2002

5. FEI Number

57-1175427

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	ATHERTON, A D	1393-B PASADENA AV	SOUTH PASADENA FL 33707
V	GREEN, TAMMY G	7804 128TH ST N	SEMINOLE FL 33776
P	ATHERTON, A D	409 80TH WAY	ST. PETE BEACH, FL 33706

000023766060

10/13/03 01097 025 **150.00

8. Name and Address of Current Registered Agent

LAMBRECHT, MARCIA
9359 BLIND PASS ROAD, #103
ST. PETE BEACH FL 33706

9. Name and Address of New Registered Agent

Name

A. DOUGLAS ATHERTON

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

409 80TH WAY

Suite, Apt. #, Etc.

City

ST. PETE BEACH

State

FL

Zip Code

33706

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-11-03

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 #

10-11-03 727-430-4443

West Star

Sales & Leasing Inc.

409 8th Way St. Pete Beach, FL 33706
Phone 727-363-3429 Fax 727-363-3796

10-11-03

**To Whom Ever It May Concern
Florida Department Of State,**

I am giving notice that I never received any forms pertaining to annual reporting. My company did no business until august of 2003; at which time I paid a filing fee of \$35.00. I am a small company that can not afford a \$700.00 reinstatement fee. Please allow me to continue to operate effective immediately for the \$150.00 fee.

Sincerely,



**A. Douglas Atherton
President**

West Star Sales & Leasing, Inc.