

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 OCT -9 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000000424

1. Entity Name
WEST ACQUISITIONS & INVESTMENTS GROUP, INC.



Principal Place of Business
1000 W MCNAB ROAD STE 319
POMPANO BEACH, FL 33069

Mailing Address
1000 W MCNAB ROAD STE 319
POMPANO BEACH, FL 33069

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
74-3074473

Applied For
(Not Applicable)

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

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

9379 WEDGEWOOD DRIVE
City TAMARAC FL Zip Code 33321

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(Signature typed or printed name of registered agent, if applicable)

(NOTE: Registered Agent signature required when reinstating)

Date

10/25/06

FILE NOW!!! FEE IS \$150.00

After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D
NAME WEST, STEVEN
STREET ADDRESS 1000 W MCNAB ROAD STE 319
CITY-STATE-ZIP POMPANO BEACH, FL 33069

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
200080587922
10/09/06--01003--015 **150.00

TITLE
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STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/5/06

305-830-2200

Date

Daytime Phone

K. Eckel OCT 10 2006