

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000095539

FILED
Nov 13, 2008
Secretary of State

Entity Name: A.L. WEST, INC.

Current Principal Place of Business:

1595 N.E. 135TH STREET
UNIT #439
MIAMI, FL 33161

New Principal Place of Business:

535 N.E. 129TH STREET
MIAMI, FL 33161

Current Mailing Address:

1595 N.E. 135TH STREET
UNIT #439
MIAMI, FL 33161

New Mailing Address:

535 N.E. 129TH STREET
MIAMI, FL 33161

FEI Number: 03-0527025

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEST, ADAM L
1595 N.E. 135TH STREET
UNIT #439
MIAMI, FL 33161 US

Name and Address of New Registered Agent:

WEST, ADAM L
535 N.E. 129TH STREET
MIAMI, FL 33161 US

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.

SIGNATURE: NICOLE WEST

11/13/2008

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WEST, ADAM L
Address: 1595 N.E. 135TH STREET UNIT 439
City-St-Zip: MIAMI, FL 33161

Title: D () Delete
Name: WEST, NICOLE
Address: 1595 N.E. 135TH STREET UNIT 439
City-St-Zip: MIAMI, FL 33161

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WEST, ADAM L
Address: 535 N.E. 129TH STREET
City-St-Zip: MIAMI, FL 33161

Title: D (X) Change () Addition
Name: WEST, NICOLE
Address: 535 N.E. 129TH STREET
City-St-Zip: MIAMI, FL 33161

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NICOLE WEST

D

11/13/2008

Electronic Signature of Signing Officer or Director

Date