


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000054021 1. Entity Name WESMEL REAL ESTATE INVESTORS AND CONSULTING GROUP, INC.	
--	---

FILED
07 JAN 19 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 4370 LAKE LUCERNE CIRCLE WEST PALM BEACH, FL 33409	Mailing Address 4370 LAKE LUCERNE CIRCLE WEST PALM BEACH, FL 33409
--	--

2. Principal Place of Business - No P.O. Box # 1691 SW Penrose Ave Suite, Apt. #, etc.	3. Mailing Address 1691 SW Penrose Ave Suite, Apt. #, etc.
---	---

City & State Port St. Lucie	City & State Port St. Lucie		
Zip 34953	Country St. Lucie	Zip 34953	Country St. Lucie



6. Name and Address of Current Registered Agent WARREN, MELLONIE I 4370 LAKE LUCERNE CIRCLE WEST PALM BEACH, FL 33409	7. Name and Address of New Registered Agent Name Mellonie Warren Street Address (P.O. Box Number is Not Acceptable) 1691 SW Penrose Ave City Port St Lucie FL Zip Code 34953
---	--

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: *M. J. Warren* DATE: 1/16/07

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES WARREN, WESLEY W 4370 LAKE LUCEREN CIRCLE WEST PALM BEACH, FL 33409	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Warren, Wesley W <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1691 SW Penrose Avenue Port St. Lucie, FL 34985
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WARREN, MELLONIE I 4370 LAKE LUCEREN CIRCLE WEST PALM BEACH, FL 33409	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Warren, Mellonie I 1691 SW Penrose Avenue Port St. Lucie
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="font-size: 2em; text-align: center;">M/22</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100086171271 01/25/07--01005--019 **308.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *M. J. Warren* DATE: 1/16/07 DAYTIME PHONE #: 772 361 3269

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #