

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000121935

1. Entity Name
MIKE WEST, INC.



FILED
2006 DEC 26 PM 12:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3545 ALCOY RD
LOT #10
JACKSONVILLE, FL 32221 US

Mailing Address
3545 ALCOY RD
LOT #10
JACKSONVILLE, FL 32221 US

2. Principal Place of Business
3545 Alcoy Rd
Suite, Apt. #, etc.
LOT 10
City & State
JAX FLA
Zip
32221
Country
D4VA1

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country



11062006 REIN-P CR2E098 (11/05)

4. FEI Number
02-0729887
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WEST, MIKE
3545 ALCOY RD
LOT #10
JACKSONVILLE, FL 32221

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 Mike West
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST WEST, MIKE 3545 ALCOY RD LOT #10 JACKSONVILLE, FL 32221	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700082944917 01/03/07--01007--020 **158.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Mike West
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 12/21/06 Daytime Phone #: 887-9200