

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000121502

1. Entity Name
WEST TAMPA EXPORT COMPANY



FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 AUG 21 PM 12:06

Principal Place of Business
3112 E. HILLSBOROUGH AVE.
TAMPA, FL 33610

Mailing Address
3112 E. HILLSBOROUGH AVE.
TAMPA, FL 33610

2. Principal Place of Business - No P.O. Box #
3128 W. Kennedy Blvd.

3. Mailing Address
3128 W. Kennedy Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Tampa, FL

City & State
Tampa, FL

4. FEI Number
20-5949405

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

06232009 REIN-P CR2E098 (1/07)



6. Name and Address of Current Registered Agent

ROY, ROB K ESQ.
3128 WEST KENNEDY BOULEVARD
TAMPA, FL 33609

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

8/18/09

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
FERNANDEZ, MANUEL J
3128 WEST KENNEDY BOULEVARD
TAMPA, FL 33609 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
MAURICIO, MICHAEL R
4307 N. RIVERVIEW AVE.
TAMPA, FL 33607 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
FERNANDEZ, DANIEL J
777 S. HARBOUR ISLAND BLVD., SUITE 255
TAMPA, FL 33602 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
MARTINEZ, NELSON
19139 GERACI STREET
LUTZ, FL 33549 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
800159425608
08/10/09--01046--009 **900.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
REINSTATEMENT 08-09 KS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T/S ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
3706 Crabcake Circle
Tampa, FL 33603

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/3/09

Date

813-871-5141

Daytime Phone #