PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State Division of corporations	FILED
DOCUMENT # P930		UL 25 PM 2: 55
1. Corporation Name WESTCO DEVE	CORPORATION SEI	LETARY OF STATE
2. Principal Office Address - No P.O. Box #	3. Mailing Office Address	500391646085 07/25/2201006009 **2160.00
Suite, Apt. #, etc.	Suite, Apt. #, etc.	CR2E081 (11/10) 4. Date Incorporated or Qualified
City & State PALM. CITY FL	City & State PALLU CITY, TL	To Do Business in Florida 2/1/93 5. FEI Number Applied For
ZIP 34990 COUNTRY NAIRTIN	Zip Country	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee require for a Certificate of Status
<u>'</u>	l l ss of Current Registered Agent	io a connecte of states
Name BIZIAN WEST		
Street Address (P.O. Box Number is Not Acceptable) +h 5T		EINSTATEMENT
Suite, Apt. #, Etc. SUITE D		
City Palin City State Zip Code FL 34990		JU13-JULL
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503. F.S.		
Signature of Registered Agent	REGISTERED AGENT MUST SIGN BULLAR	Dale JUNE 28.202
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)		
Titles Name of Officers and/or Direct	ors Street Address of Eac Officer and/or Directo	
DRS BRIANWES	T 1151 SW 30 45T	SUITED PACINGITY, GLBAFFIC
		JUL 2 2 2022
		M. W!LL!AMS
10. E-mail Address: NETLEASE WESTCODEV. COM		
(To be used for future annual report notification) 11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this		
reinstatement application, the reason for dissol owed by the corporation have been paid. I furth	ution has been eliminated, the corporate name satisfies the ner certify, the information indicated on this application is tru-	provided for in chapter 607 or 617, F.S. I further certify that when filing this requirements of section 607.0401 or 617.0401. F.S., and that all fees and accurate, and my signature shall have the same legal effect as constitutes a third degree felony as provided for in \$.817.155, F.S.

6/28/2022 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

BRIAN WEST

Daytime Phone #

AFFIDAVIT OF BRIAN WEST

I, the undersigned, being first duly cautioned and sworn, do hereby state under oath and under penalty of perjury that the following facts are true:

- 1. My name is Brian West, and I am an adult over the age of 18 years old and of sound mind and memory.
 - 2. I have personal knowledge of all matters stated herein.
- 3. My intention is to reinstate my company "Westco Development Corporation" whose document number is P93000009312, as per the attached Reinstatement Application and accompanying fee of \$2,100.
- 4. We received a letter from Ms. Marquitta Williams with the Florida Department of State, Division of Corporations saying the name, "Westco Development Corporation" was no longer available as there was a conflicting entity with the same name or similar name; "Westco Development, LLC". I, Brian West own both companies.

FURTHER AFFIANT SAYETH NAUGHT.

Brian West

STATE OF FLORIDA

COUNTY OF MARTIN

BEFORE ME, the undersigned authority, personally appeared <u>Brian West</u>, who is personally known to and who, after being first duly sworn, states that he read and fully understands his statements in this Affidavit, and that such statements are true and correct to the best of his knowledge.

SWORN AND SUBSCRIBED to before me this 18th day of July, 2022.

Notary Public:

(NOTARIAL SEAL)

Print Name: Karen W Hielps

