

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P93000061349 1. Entity Name THE WESTWIND GROUP, INC.						FILED 04 NOV -3 PM 2:19 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business ATTN: STEPHEN O. LABRECHE 12555 HIGH BLUFF DR., SUITE 120 SAN DIEGO, CA 92130 US				Mailing Address ATTN: STEPHEN O. LABRECHE 12555 HIGH BLUFF DR., SUITE 120 SAN DIEGO, CA 92130 US			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
4. FEI Number 65-0432504							
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required							
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. <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 40%;"> SIGNATURE <u>Cynthia L. Harris</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> Cynthia L. Harris as its agent </div> <div style="width: 20%; text-align: right;"> <u>11/2/04</u> <small>DATE</small> </div> </div>							
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00 </div> <div style="width: 70%;"></div> </div>							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DCEO	<input type="checkbox"/> Delete	TITLE	700042438157	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	STRAUSS, MICHAEL L		NAME	11/03/04--01039--023 **758.75			
STREET ADDRESS	12555 HIGH BLUFF DR STE 120		STREET ADDRESS				
CITY-ST-ZIP	SAN DIEGO, CA 92130		CITY-ST-ZIP				
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	OSTRIE, WILLIAM S		NAME				
STREET ADDRESS	12555 HIGH BLUFF DRIVE STE 120		STREET ADDRESS				
CITY-ST-ZIP	SAN DIEGO, CA 92130		CITY-ST-ZIP				
TITLE	VS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	LABRECHE, STEPHEN O		NAME				
STREET ADDRESS	12555 HIGH BLUFF DR, SUITE 120		STREET ADDRESS				
CITY-ST-ZIP	SAN DIEGO, CA 92130		CITY-ST-ZIP				
TITLE	CFO	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	PARINI, BOB		NAME				
STREET ADDRESS	12555 HIGH BLUFF DR, SUITE 120		STREET ADDRESS				
CITY-ST-ZIP	SAN DIEGO, CA 92130		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Robert Parini</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>10-28-04</u> Daytime Phone # <u>619-209-6123</u>			