

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000075605

1. Corporation Name

Westfork Holdings, Inc.

2. Principal Office Address

3490 N US1 Hwy

Suite, Apt. #, etc.

City & State

Cocoa, Florida

Zip

32922

Country

Brevard

3. Mailing Office Address

P.O. Box 540829

Suite, Apt. #, etc.

City & State

Merritt Island, Florida

Zip

32954

Country

Brevard

REINSTATEMENT 96-04

ADMIN DISSOLUTION 08-23-1996

4. Date Incorporated or Qualified

To Do Business in Florida 10-30-1992

5. FEI Number

593168730

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

John L. Soileau

Street Address (P.O. Box Number is Not Acceptable)

3490 N US1 Hwy

Suite, Apt. #, Etc.

City

Cocoa

State

FL

Zip Code

32922

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

Date 8/20/04

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 Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	Brian Hamilton	c/o 3490 N US1 Hwy	Cocoa, Fla. 32922
D	Michael Meyer	c/o 3490 N US1 Hwy	Cocoa, Fla. 32922

10. 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 dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature]

BRIAN K. HAMILTON PD

11-21-04

321 427 5384

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)