

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 MAR 28 AM 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000002728

1. Corporation Name

WESTCO, INC.

Principal Place of Business

ONE EAST BROWARD BLVD
STE 620
FT LAUDERDALE FL 33301
US

Mailing Address

~~ONE EAST BROWARD BLVD~~
~~STE 620~~
~~FT LAUDERDALE FL 33301~~
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

6 MARION AVE.
ALBANY, NEW YORK
12203 USA



REINSTATEMENT 09-50

4. Date Incorporated or Qualified
To Do Business in Florida

01/11/1995

5. FEI Number

65-0548158

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	SHARON M DUKER	6 MARION AVE	ALBANY NEW YORK 12203
			500003196975--6
			04/05/00 01074 007
			***300.00 ***300.00

8. Name and Address of Current Registered Agent

RUNCO, RICHARD
3430 GALT OCEAN DRIVE
APARTMENT #1111
FT LAUDERDALE FL 33308

9. Name and Address of New Registered Agent

Name

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

3100 NE. 48th ST

Suite, Apt. #, Etc

APT # 917

City

FT. LAUDERDALE

State

FL

Zip Code

33308

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 03-25-00

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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHARON M. DUKER

3/15/00

Date

518-
489-3000

Daytime Phone #

KE

CR2E040 (8/99)