

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 JAN -8 PM 12:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 03

DOCUMENT # **P95000002728**

1. Corporation Name

**WESTCO, INC.**

Principal Place of Business

ONE EAST BROWARD BLVD  
STE 620  
FT LAUDERDALE FL 33301  
US

Mailing Address

6 MARION AVE.  
ALBANY NY 12203

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

2. New Principal Office Address, If Applicable

~~ONE SOUTHEAST THIRD AVE.~~

Suite, Apt. #, etc.  
**28TH FLOOR**

City & State  
**MIAMI, FL**

Zip **33131** Country **USA**

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	SHARON M DUKER	6 MARION AVE	ALBANY NY 12203

8. Name and Address of Current Registered Agent

RUNCO, RICHARD  
3100 NE 48TH ST.  
APT. #917  
FT LAUDERDALE FL 33308

9. Name and Address of New Registered Agent

Name **ROBERT I. CHASKES, ESQ**  
Street Address (P.O. Box Number is Not Acceptable)  
**AKERMAN SENTERFITT**  
Suite, Apt. #, Etc. **ONE SOUTHEAST THIRD AVE., 28th floor**  
City **MIAMI** State **FL** Zip Code **33131**

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Robert I. Chaskes*  
REGISTERED AGENT MUST SIGN

Date

*July 5, 2004*

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)(l), 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:

*Sharon M. Duker*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**SHARON M. DUKER 12/30/03**

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434-  
6543