


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P96000032554	
1. Entity Name WESMAX CUSTOM MACHINERY, INC.	

Principal Place of Business 233 S WARFIELD AVE VENICE, FL 34292	Mailing Address 233 S WARFIELD AVE VENICE, FL 34292
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

FILED
07 MAY 23 PM 1:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT



06-07
04302007 REIN-P CR2E098 (1/07)

4. FEI Number 65-0659459	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MICEK, RYSZARD 2335 WARTFIELD AVE VENICE, FL 34292	7. Name and Address of New Registered Agent Name MICEK RYSZARD Street Address (P.O. Box Number is Not Acceptable) 233 S. WARFIELD AVE. City VENICE FL Zip Code 34292
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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.

SIGNATURE RYSZARD MICEK (NOTE: Registered Agent signature required when reinstating) DATE 04/27/2007

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE D NAME MICEK, RYSZARD STREET ADDRESS 233 S WARFIELD AVE CITY-ST-ZIP VENICE, FL 34292	TITLE NAME STREET ADDRESS 200104434792 CITY-ST-ZIP 06/15/07--01059--013 **\$900.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS 200104434792 CITY-ST-ZIP 06/15/07--01059--014 **\$8.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: RYSZARD MICEK (991) 485-3426
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #