

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT -5 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700041607467
10/05/04--01051--005 **1058.50

DOCUMENT # P96 000035570

1. Corporation Name
WEST TOWN CORP.

2. Principal Office Address
5309 TECHNOLOGY DR
Suite, Apt. #, etc.

3. Mailing Office Address
SAME
Suite, Apt. #, etc.

City & State
TAMPA FL
Zip Country
33647 US

City & State
Zip Country

REINSTATEMENT 02-04

4. Date Incorporated or Qualified
To Do Business in Florida 4-22-1996

5. FEI Number 65-0669845
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
ROBERT LAMB
Street Address (P.O. Box Number is Not Acceptable)
5309 TECHNOLOGY DR.
Suite, Apt. #, Etc.
City
TAMPA

State Zip Code
FL 33647

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 X R. Lamb
REGISTERED AGENT MUST SIGN

Date X 9/29/04

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
VP	PHYLLIS LAMB	816 W ELKAM CIR # 301	MARCO ISLAND FL 34145
Pres	ROBERT LAMB	16020 WYNDOVER RD	TAMPA FL 33647
VP	MARYANN GIANDONARO	18305 PARRISH GROVE Rd.	DADE CITY FL 33523
SEC	MARGARET MCGOWEN	79 CRESTWOOD DR	NORTH BORO MA 01532

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: X R. Lamb
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/29/04 813-971-5001
Date Daytime Phone #

CR2E081 (01/04)