

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JUN 26 AM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000045737

1. Corporation Name

WEST EUROPEAN
INVESTMENTS, INC.

2. Principal Office Address

815 PONCE DE LEON

Suite, Apt. #, etc.

2ND FLOOR

City & State

CORAL GABLES, FL

Zip

33134

Country

USA

3. Mailing Office Address

815 PONCE DE LEON

Suite, Apt. #, etc.

2ND FLOOR

City & State

CORAL GABLES, FL

Zip

33134

Country

USA

REINSTATEMENT 99-03

200021158462

06/26/03--01061--002 **1358.75

4. Date Incorporated or Qualified
To Do Business in Florida

5/22/96

5. FEI Number

65076603

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

OLIVER J. LANGSTADT

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

815 PONCE DE LEON BOULEVARD

Suite, Apt. #, Etc.

2ND FLOOR

City

CORAL GABLES

State

FL

Zip Code

33134

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

Oliver J. Langstadt

REGISTERED AGENT MUST SIGN

Date 24 JUNE 2003

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
PJT	OLIVER J. LANGSTADT	815 PONCE DE LEON BLVD 2ND FLOOR	CORAL GABLES, FLORIDA 33134

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oliver J. Langstadt

Date

24 JUNE 2003

Daytime Phone #

305
461
5667

CR2E081 (10/02)

7/6/26