

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P97000049753		
1. Entity Name 68 WEST CORP.		

Principal Place of Business 5801 CONGRESS AVENUE BOCA RATON, FL 33487	Mailing Address 5801 CONGRESS AVENUE BOCA RATON, FL 33487
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	
MOMBACH, GEOFFREY S 500 E. BROWARD BLVD., STE. 1950 FT. LAUDERDALE, FL 33394	

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 <i>Geoffrey Mombach</i>	DATE 10/30/06

FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete WOLF, STEVEN 580A CONGRESS AVENUE BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete SIEMENS, RICHARD 5801 CONGRESS AVENUE BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

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: <i>Steven Wolf</i>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Steven Wolf

FILED
2006 NOV -7 PM 4:21
SECRETARY OF STATE
TALLAHASSEE FLORIDA

10122006 REIN-P CR2E098 (11/05) 06

4. FEI Number 65-0760360	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 000080959780 10/18/06--01040--005 **750.00

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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