

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Vol 2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 15 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000063770

1. Corporation Name
WESTERN CAPITAL MANAGEMENT INC

2. Principal Office Address
1112 Weston Rd.

3. Mailing Office Address
Same

Suite, Apt. #, etc.
162

Suite, Apt. #, etc.

City & State
Sunrise Florida

City & State

Zip Country
33326 USA

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida **7/20/98**

5. FEI Number
65-0856630

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

2002UBR

7. Name and Address of Current Registered Agent

Name
Samuel Mendoza

10000836774 --8

Street Address (P.O. Box Number is Not Acceptable)
1112 Weston Rd.

10/15/02-01013-004
******150.00 ****150.00**

Suite, Apt. #, Etc.
162

City
Fort Lauderdale

State Zip Code
FL 33326

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

Samuel Mendoza
REGISTERED AGENT MUST SIGN

Date **10/10/2002**

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
President	Samuel Mendoza	1112 Weston Rd. #162	Fort Lauderdale, Florida, 33326

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:

Samuel Mendoza - Samuel Mendoza
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/2002

Date

(954)261-6722

Daytime Phone #

CR2E081 (8/01)

2/2/2

Florida, October 10 2002

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

I would appreciate if you kindly have my reinstatement fee waive. Since we had not received the corporation annual report form for the current year.

Thank you again for you consideration with this matter

Sincerely

Samuel Mendoza
SAMUEL MENDOZA