

# **2009 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P98000096043

Entity Name: WESTERN SHORES, INC.

**FILED**  
**Nov 24, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

3905 CASEY KEY ROAD  
NOKOMIS, FL 34275

**New Principal Place of Business:**

**Current Mailing Address:**

3905 CASEY KEY ROAD  
NOKOMIS, FL 34275

**New Mailing Address:**

FEI Number: 65-0881615

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SHEA, JOHN J  
269 SOUTH OSPREY AVENUE  
SUITE 100  
SARASOTA, FL 34236 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: JOHN J. SHEA

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: KURFIRST, GARY  
Address: 466 SCARBOROUGH ROAD  
City-St-Zip: BRIARCLIFF MANOR, NY 10510

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: KURFIRST, PHYLLIS  
Address: 466 SCARBOROUGH ROAD  
City-St-Zip: BRIARCLIFF MANOR, NY 10510

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN J. SHEA

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

MR.

11/24/2009

\_\_\_\_\_  
Date