PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

01 FEB -9 PM 2:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000004829

1. Corporation Name: Westover Design, Inc.

**REINSTATEMENT** 00-01

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 100 Regency Forest Dr. | 100 Regency Forest Dr. |
| Suite, Apt. #, etc.: Suite 400 | Suite, Apt. #, etc.: Suite 400 |
| City & State: Cary, NC 27511 | City & State: Cary, NC 27511 |
| Zip: 27511 Country: USA | Zip: 27511 Country: USA |

4. Date Incorporated or Qualified To Do Business in Florida: 1/15/99

5. FEI Number: 65-0905262 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] — $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation — State: FL — Zip Code: 33324

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****908.75 ****908.75

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: Connie Bryan — CONNIE BRYAN SPECIAL ASSISTANT SECRETARY — Date: 2/9/01
REGISTERED AGENT MUST SIGN

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 |
|---|---|---|---|
| Dir/Pres | Calvin J. Payne | 17886 55th Avenue | Surrey, BC V3S 6C8 |
| VP | Kenneth Ballew | 3020 High Ridge Road, Suite 200 | Boynton Beach, FL 33426 |
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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: Kenneth Ballew — 02-08-01 — 561 582 8400 x108
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Kenneth Ballew, VP

FL010 - 10/05/00 C T System Online