

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 NOV 18 PM 5:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000034361

1. Corporation Name

Westfield Enterprises, Inc.

2. Principal Office Address

13820 Folkstone Circle

Suite, Apt. #, etc.

City & State

Wellington, Florida

Zip

33414

Country

US

3. Mailing Office Address

13820 Folkstone Circle

Suite, Apt. #, etc.

City & State

Wellington, Florida

Zip

33414

Country

US

**4. Date Incorporated or Qualified
To Do Business in Florida** 04/12/99

5. FEI Number
06-1655933

Applied For

Not Applicable

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

REINSTATEMENT 00-02

7. Name and Address of Current Registered Agent

Name

Daniel J. Brams, Esquire

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

1645 Palm Beach Lakes Boulevard

Suite, Apt. #, Etc.

Suite 1050

City

West Palm Beach

State
FL

Zip Code

33401

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

REGISTERED AGENT MUST SIGN

Date

11/11/02

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 |
|--------|--------------------------------------|---|----------------------|
| P/V/S | Paul Westfield | 13820 Folkstone Circle | Wellington, FL 33414 |
| T/D | Paul Westfield | 13820 Folkstone Circle | Wellington, FL 33414 |
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/11/02

Date

561-722-5358

Daytime Phone #

CR2E081 (9/01)