

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P99000061623

Entity Name: ROBERT A. WEST, INC.

**FILED**  
**Feb 15, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

5398 SOUNDVIEW AVE  
ST AUGUSTINE, FL 32080

**New Principal Place of Business:**

**Current Mailing Address:**

5398 SOUNDVIEW AVE  
ST AUGUSTINE, FL 32080

**New Mailing Address:**

FEI Number: 59-3597938

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WEST, ROBERT A  
5398 SOUNDVIEW AVE  
ST AUGUSTINE, FL 32080 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: ROBERT A. WEST

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: WEST, ROBERT A  
Address: 5398 SOUNDVIEW AVE  
City-St-Zip: ST AUGUSTINE, FL 32080

Title: VTSD  
Name: WEST, REBECCA H  
Address: 5398 SOUNDVIEW AVE  
City-St-Zip: SAINT AUGUSTINE, FL 32080

I hereby 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 all other like empowered.

SIGNATURE: ROBERT A. WEST

PRES

02/15/2010

Electronic Signature of Signing Officer or Director

Date