
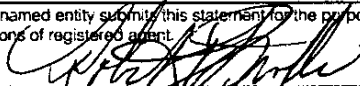
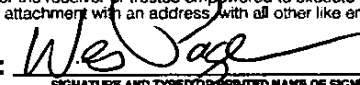


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P99000072386</b> 1. Entity Name <b>WESWORK, INC.</b>			
Principal Place of Business P.O. BOX 7725 NAPLES, FL 34101		Mailing Address P.O. BOX 7725 NAPLES, FL 34101	
2. Principal Place of Business <b>4685 5TH AVE NW</b>		3. Mailing Address <b>4685 5TH AVE NW</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>NAPLES FL</b>		City & State <b>NAPLES FL</b>	
Zip <b>34119</b>		Zip <b>34119</b>	
Country <b>COLLIER</b>		Country <b>COLLIER</b>	
6. Name and Address of Current Registered Agent  <b>PAGE, WES</b> <b>4685 5TH AVE NW</b> <b>NAPLES, FL 34119</b>		7. Name and Address of New Registered Agent Name <b>ROBERT WROBLE</b> Street Address (P.O. Box Number is Not Acceptable) <b>7340 PROVINCE WAY #2307</b> City <b>NAPLES FL</b> Zip Code <b>34104</b>	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  <b>ROBERT WROBLE (ACCOUNTANT)</b> <b>8/29/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2006, Fee will be \$300.00</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>PAGE, WES</b> <b>P.O. BOX 7725</b> <b>NAPLES, FL 34101</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4685 5TH AVE NW</b> <b>NAPLES FL 34119</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>09/20/05 01036 002 \$150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>\$10/24</b>
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  <b>WES PAGE PRES</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>8/29/05</b> Daytime Phone # <b>239-354-1441</b>	

FILED

05 OCT 19 PM 1:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10112005 REIN-P CR2E098 (6/04)

4. FEI Number  
**65-0611110** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required