

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

02 NOV -4 PM 12:36

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # F98000005613

1. Corporation Name
ABBIE J. WEIST, INC.

Principal Place of Business Mailing Address
~~1700 K STREET NW SUITE 504~~ ~~1700 K STREET NW SUITE 504~~
~~WASHINGTON DC 20006-0814~~ ~~WASHINGTON DC 20006-0811~~



600008768586
 11/04/02--01004--005 **150.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 1000 CONNECTICUT ST. Suite, Apt. #, etc. P.O. Box 662		3. New Mailing Office Address, If Applicable 1000 CONNECTICUT AVE Suite, Apt. #, etc. SUITE 801		4. Date Incorporated or Qualified To Do Business in Florida 10/08/1998	
City & State BOCA GRANDE, FL		City & State WASHINGTON, DC		5. FEI Number 54-1535797	
Zip 33921		Zip 20036		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				<input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PCD	WEIST, ABBIE J	301 WHEELER ST.	BOCA GRANDE FL 33921

8. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32304-2525		9. Name and Address of New Registered Agent Name ABBIE J WEIST Abbie J. Weist Street Address (P.O. Box Number is Not Acceptable) 301 WHEELER ST. 301 Wheeler St. Suite, Apt. #, Etc. P.O. Box 662 Boca Grande City BOCA GRANDE State FL Zip Code 33921 33921	
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent: *Abbie J. Weist* REGISTERED AGENT MUST SIGN Date: 10/30/02

11. 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: *Abbie J. Weist* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 10/30/02 Daytime Phone #: 10/30/02

CR2E040 (802)

ABBIE J. WEIST INC.

POST OFFICE BOX 662
BOCA GRANDE, FL 33921
TEL: 1-941-964-1533
TEL: 941-964-0557
FAX: 941-964-1588
e-mail: abbieweist@comcast.net

1000 CONNECTICUT AVENUE NW
SUITE 801
WASHINGTON, D.C. 20036
TEL: 202-331-1040
FAX: 202-659-1293

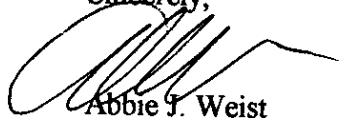
October 30, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

To Whom It May Concern:

I am respectfully requesting a waiver of the Reinstatement Fee due to the fact that I did not receive the 2002 Annual Report documents at my Washington Office. I have enclosed the \$150.00 fee. Please call me if you have any questions at (305) 964-1533.

Sincerely,



Abbie J. Weist