

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 -8 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F35024

1. Corporation Name

WEEDMAN FARMS, INC.

2. Principal Office Address

6700 CR 16A

Suite, Apt. #, etc.

3. Mailing Office Address

6700 CR 16A

Suite, Apt. #, etc.

City & State

ST. AUGUSTINE, FLORIDA

City & State

ST. AUGUSTINE, FLORIDA

Zip

32092

Country

Zip

32092

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/20/2001

5. FEI Number

59-2069921

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

EARL J. WEEDMAN

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

6700 CR 16A

Suite, Apt. #, Etc.

City

ST. AUGUSTINE

State
FL

Zip Code

32092

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

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
TSD	SHIRLEY SPOONER	6700 CR 16A	ST. AUGUSTINE, FL 32092
PCD	EARL J. WEEDMAN	6700 CR 16A	ST. AUGUSTINE, FL 32092

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.

SHIRLEY SPOONER

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/02 (423)4964144

Date

Daytime Phone #

CR2E081 (8/01)

11/15/02

DR. SHIRLEY SPOONER
6700 CR 16A
ST. AUGUSTINE, FLORIDA 32092

October 29, 2002

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

Re: Weedman Farms, Inc.

Dear Sir or Madam:

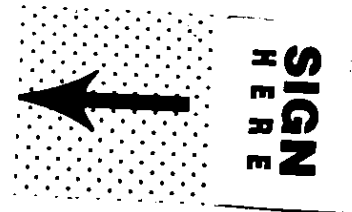
Enclosed for filing in connection with the referenced corporation is an Application for Corporate Reinstatement, along with a check in the amount of \$150.00 representing the filing fee for this application. I serve as Secretary for the corporation, and in that capacity can state that the corporation never received any notices relating to the need to file an Annual Report until I received a Notice of Administrative Dissolution in mid October. Under the circumstances, I hereby request that the reinstatement fee of \$600 be waived for this corporation.

Thank you for your consideration in this matter. Please do not hesitate to contact me should you require additional information.

Sincerely,

Shirley Spooner R.D.

Dr. Shirley Spooner



Enclosures

1. Application
2. Check