

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000001445

1. Corporation Name

WEAVEXX CORPORATION

Principal Place of Business

P.O. BOX 471
WAKE FOREST NC 27587

Mailing Address

P.O. BOX 471
WAKE FOREST NC 27587

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

03/23/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

05-0387869

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$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
JD	DUMBRELL, DAVID J	1120 CAPITAL BLVD.	WAKE FOREST NC
JD	COLLINS, MICHAEL D	1120 CAPITAL BLVD.	WAKE FOREST NC
JD	AYRE, RICK	1120 CAPITAL BLVD.	WAKE FOREST NC 27587
JD	THOMPSON, JOHN S	1120 CAPITAL BLVD.	WAKE FOREST NC
JD	DEVALDER, E P	1120 CAPITAL BLVD.	WAKE FOREST NC 27587
JD	TARANO, MANUEL	1120 CAPITAL BLVD.	WAKE FOREST NC 27587

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

200003496762--E

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

12/12/00-01038-011
****150.00 ****150.00

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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.

Signature of Registered Agent

VICKY GOLDSTEIN

REGISTERED AGENT MUST SIGN SPECIAL ASSISTANT SECRETARY

Date

10/31/00

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:

David J. Dumbrell

10-24-00

(919)556-7235

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



November 13, 2000

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Subject: Application for Reinstatement

Dear Secretary of State:

Enclosed is a completed copy of a document that I received on Tuesday, October 24. I have contacted all appropriate parties and have the completed form enclosed. We had not received any prior notification of this inquiry. I trust that you will accept our payment, and reinstate our company.

If you have any questions or if I can be of any assistance please contact me by phone at the listed number, Ext. 203, or by mail.

Respectfully,

Todd Freeman
Tax Manager

Enclosure (1)