

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandor J. Marthan  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 NOV 19 AM 8:38

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # F96000001236

1. Corporation Name

WEYS TELEVISION CORP.

Principal Place of Business

601 BRICKELL KEY DRIVE, SUITE 806  
MIAMI FL 33131

Mailing Address

601 BRICKELL KEY DRIVE, SUITE 806  
MIAMI FL 33131



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

527 Southard St.

City & State

Key West, FL

Zip

33040

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

10858 Warwick Blvd, Ste A

City & State

Newport News, VA

Zip

23601

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/12/1996

5. FEI Number

65-0521833

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PDST	DRUCKER, DAVID M	795 CIELO LANE	EVERGREEN CO 80439
D	DRUCKER, PENNY	795 CIELO LANE	EVERGREEN CO 80439

4000002353044--3  
-11/20/97-01076-006  
\*\*\*165.00 \*\*\*165.00

8. Name and Address of Current Registered Agent

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

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

VICKY GOLDSTEIN  
SPECIAL ASSISTANT SECRETARY

Date

11-17-97

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information  
on Intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-1-97

303-674-  
8596