

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 JAN -6 AM 8:27

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # F96000005724

1. Corporation Name

Wiegmann & Associates, Inc.

**REINSTATEMENT** 9-04

900024378479  
01/06/04--01080--001 \*\*750.00

2. Principal Office Address

750 Fountain Lakes Blvd.

Suite, Apt. #, etc.

City & State

St. Charles, MO

Zip

63301

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/4/96

5. FEI Number

43-1701405

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CT Corporation

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

1200 S. Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

*Sam T. Evers* Assistant Secretary  
REGISTERED AGENT MUST SIGN

Date

10/30/03

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
*Pres.	Gerald G. Wiegmann	600 Indian Trail 63301	St. Charles, MO 63301
VP	Timothy K. Lewis	100 Sunfish Dr.	Highland, IL 62249
*VP	David C. Boschert	3221 Thrush	St. Charles, MO 63301
VP	Kevin DeSplinter	21 Huntington Parkway	St. Charles, MO 63301
VP	David A. Wann	11218 Lakewood Crossing Dr.	Bridgeton, MO 63044
*	denotes director		

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.

SIGNATURE:

*Tim Lewis, VP*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/28/03  
Date

(636) 940-1056  
Daytime Phone #

CR2E081 (10/02)