

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

1700 K STREET NW SUITE 501  
WASHINGTON DC 20006-0814

Mailing Address

1700 K STREET NW SUITE 501  
WASHINGTON DC 20006-0811



600008768586  
11/01/02--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

~~101 WHEELER ST.~~  
~~WASH DC~~  
P.O. Box 662

3. New Mailing Office Address, If Applicable

~~1000 CONNECTICUT AVE~~  
~~SUITE 801~~  
WASHINGTON, DC

4. Date Incorporated or Qualified  
To Do Business in Florida

10/08/1998

5. FEI Number

54-1535797

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)

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 32301-2525~~

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~~ Boca Grande  
State  
FL  
Zip Code  
33921

CR2040 (802)

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/30/02 10/30/02

# 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](mailto:abbieweist@comcast.net)

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

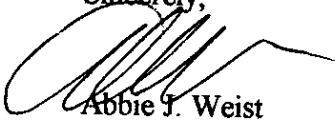
October 30, 2002

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