

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 MAY 21 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H 77060**

1. Corporation Name

Ted Weseman Builder Inc.

Principal Place of Business

Mailing Address

**2705 NW 27 Place
Gainesville, Fla 32605**

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

2705 NW 27 Pl Gainesville 32605

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

69-2785042

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 96-97

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	Ted Weseman	2705 NW 27 Place	Gainesville FLA 32605
			700002188097--9 -05/22/97--01061--010 *****915.00 *****915.00
			700002188097--9 -05/22/97--01061--011 *****8.75 *****8.75

8. Name and Address of Current Registered Agent

**Ted Weseman
2705 N.W. 27 Place
Gainesville, FL 32605**

9. Name and Address of New Registered Agent

Name
W. Henry Barber, Jr.
Street Address (P.O. Box Number is Not Acceptable)
203 N.E. 1st Street
Suite, Apt. #, Etc.
City
Gainesville State **FL** Zip Code **32601**

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

W. Henry Barber, Jr.
REGISTERED AGENT MUST SIGN

Date **May 14, 1997**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

Ted Weseman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-8-97 352-377-2200
Date Daytime Phone #

CR2E040 (12/96)