PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
03 NOV 21 AM 9:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J93427

1. Corporation Name

Rick Weidig Construction, Inc.

REINSTATEMENT 02-03

2. Principal Office Address	**3.** Mailing Office Address
4190 Savannahs Tr.	4190 Savannahs Tr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Merritt Island, FL.	Merritt Island, FL.
Zip 32953 Country USA	Zip 32953 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 9/22/87

5. FEI Number 592914605 ☐ 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: Rick Weidig

Street Address (P.O. Box Number is Not Acceptable): 4190 Savannahs Tr.

100024896631
11/21/03--01004--003 **308.75

Suite, Apt. #, Etc.:

City: Merritt Island State: FL Zip Code: 32953

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: Rick Weidig
REGISTERED AGENT MUST SIGN

Date: Nov. 18, 2003

CR2E081 (10/02)

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
PD	John R. Weidig	4190 Savannahs Tr.	Merritt Island, FL. 32953
VT	Kemberly Weidig	4190 Savannahs Tr.	Merritt Island, FL. 32953

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: Rick Weidig Rick Weidig Nov. 18 2003 (321) 452-8745
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

17 November 2003

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

To Whom It May Concern:

We request a waiver of the reinstatement fee for our corporation, Rick Weidig Construction, Inc. We never received an application for renewal and did not find out about our status until our request for a Workman Compensation waiver showed that we are listed as Inactive. We had filed a change of address and apparently it was never received.

Thank you,

John R. Weidig

John R. Weidig
Rick Weidig Construction, Inc.
4190 Savannahs Trail
Merritt Island, FL 32953