

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 NOV 21 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 593427

1. Corporation Name

Rick Weidig Construction, Inc.

2. Principal Office Address

4190 Savannahs Tr.

Suite, Apt. #, etc.

City & State

Merritt Island, FL.

Zip

32953

Country

USA

3. Mailing Office Address

4190 Savannahs Tr.

Suite, Apt. #, etc.

City & State

Merritt Island, FL.

Zip

32953

Country

USA

REINSTATEMENT 02-03

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.

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

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
PO	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 #

CR2E081 (10/02)

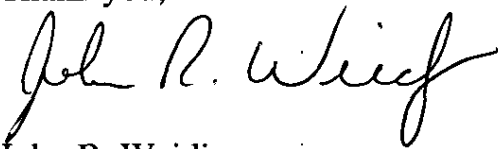
17 November 2003

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,

A handwritten signature in black ink, appearing to read "John R. Weidig". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

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