

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR
REINSTATEMENT
DIVISION OF CORPORATIONS

FILED

03 OCT 21 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000016892

Name and Mailing Address

0012547 01 AT 0.292 **AUTO T6 0 0615 33458-241614



WESTON, WESTON & WESTON, LLC
19214 LOXAHATCHEE RIVER ROAD
JUPITER FL 33458-2416



2. New Mailing Address

City, State, Zip

4. State/Country of Formation
FL

5. Date Organized or Qualified
To Do Business in Florida 07/03/2002

Principal Place of Business
19214 LOXAHATCHEE RIVER ROAD
JUPITER FL 33458

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number 65-1124399
Applied For Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22 STREET, 4TH FL
MIAMI FL 33145

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Gary Weston
REGISTERED AGENT MUST SIGN

SIGNATURE REQUIRED

Date 10/15/03

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRS	WESTON, GARY	19214 LOXAHATCHEE RIVER ROAD	JUPITER FL 33458

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REINSTATEMENT 03
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12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

Dante Weed
SIGNATURE REQUIRED

Date 10/15/03

Daytime Phone # 561-676-4700