


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUN 24 AM 9:44

DOCUMENT # L87160

1. Corporation Name
EDWARD WEITZ, INC.

9111 N. W. 105th WAY

REINSTATEMENT 03-04

2. Principal Office Address 9111 N. W. 105th WAY		3. Mailing Office Address	
Suits, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MEDLEY, FLORIDA		City & State	
Zip 33178	Country U. S. A.	Zip 33178	Country U. S. A.

900038233599
06/24/04--01023--005 **900.00

4. Date Incorporated or Qualified
To Do Business in Florida 7/16/1990

5. FEI Number 65-020-9068	Applied For Not Applicable
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6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Edward M. Weitz

Street Address (P.O. Box Number is Not Acceptable)
9111 N. W. 105th Way

Suits, Apt. #, Etc.

City
Medley,

State
FL

Zip Code
33178

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 *Edward M. Weitz* Date 6/22/04

REGISTERED AGENT MUST SIGN

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
DP	Edward M. Weitz	9111 N. W. 105th Way	Medley, FL 33178
V	Linda Weitz	9111 N. W. 105th Way	Medley, FL 33178

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: *Edward M. Weitz* EDWARD M. WEITZ Date 6/22/04 Daytime Phone # 305 264-2080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/04)