

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1022

APPLICATION
FOR
~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L93186

1. Corporation Name

WEINMAN BUSINESS CONSULTANTS, INC.

Principal Place of Business

4955 NW 105 DR
CORAL SPRINGS FL 33076

Mailing Address

4955 NW 105 DR
CORAL SPRINGS FL 33076

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3300 University Dr.

Suite #305

Coral Springs, FL

33065

4. Date Incorporated or Qualified
To Do Business in Florida

08/06/1990

5. FEI Number

65-0219843

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	WEINMAN, BRIAN	4955 N.W. 105TH DRIVE	CORAL SPRINGS FL 33076

900008634999
10/28/02--01112--006 **150.00

8. Name and Address of Current Registered Agent

WEINBERG, STEVEN A.
8000 PETERS RD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

Alan Rosenthal CPA

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

3300 University Dr.

Suite, Apt. #, Etc.

Suite 305

City

Coral Springs

State

FL

Zip Code

33065

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

Signature REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/25/02

11. 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Signature 2/1/02 954 7521728

282

October 24, 2002

Division of Corporations
Reinstatement Section
RE: Weinman Business Consultants
FEI Number 65-0219843

Enclosed, please find application of reinstatement with a check for \$150.00. I request that the reinstatement fee be waived as I did not receive the 2 previous UBR's for 2002. Please call if you have any questions. (954) 575-2421.

A handwritten signature in black ink, appearing to be 'BW' with a stylized flourish.

Brian Weinman