

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 SEP 24 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **m88369**

1. Corporation Name

Edward R. Weston, Inc.

2. Principal Office Address - No P.O. Box #

1063 bulkhead rd.

3. Mailing Office Address

p.o. box 411

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

green cove springs

City & State

green cove springs

Zip

32043

Country

clay

Zip

32043

Country

clay

4. Date Incorporated or Qualified
To Do Business in Florida 1987

5. FEI Number
59-2897815

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

Edward R. Weston

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

1063 bulkhead rd.

Suite, Apt. #, Etc.

City

green cove springs

State

FL

Zip Code

32043

000239688030
09/24/12--01002--018 **150.00

000239688030
09/17/12--01047--012 **750.00

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 R. Weston

REGISTERED AGENT MUST SIGN

Date 9/19/12

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
PRES	EDWARD R WESTON	1063 BULKHEAD RD	GCS, FL 32043

10. E-mail Address: erw_inc@bellsouth.net

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Edward R. Weston

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/13/12

Date

904-657-1321

Daytime Phone #