

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 NOV 18 PM 1:39

REINSTATEMENT 2002



200009094712
11/20/02--01014--012 **236.25

DOCUMENT # **N06253**

1. Corporation Name

THE DAVID R. AND DOROTHY C. WEAVER FOUNDATION, I NC.

Principal Place of Business

13643 DEERING BAY DR #165
CORAL GABLES FL 33158

Mailing Address

13643 DEERING BAY DR #165
CORAL GABLES FL 33158

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

11/20/1984

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2485933

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
DP	WEAVER, DAVID R	13643 DEERING BAY DR 165	CORAL GABLES FL 33158
STD	WINDHORST, KENT A	80 SW 8 ST STE 2120 1450 MARRUCA AVENUE, #400	MIAMI FL 33130 CORAL GABLES, FL 33146
VPD	WEAVER, DOROTHY C	13643 DEERING BAY DR 165	CORAL GABLES FL 33158

8. Name and Address of Current Registered Agent

WINDHORST, KENT A.
80 SW 8 ST STE 2120
MIAMI FL 33130

9. Name and Address of New Registered Agent

Name

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

1450 MARRUCA AVENUE

Suite, Apt. #, Etc.

Suite 400

City

CORAL GABLES

State

FL

Zip Code

33146

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]
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/7/02

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/7/02

Daytime Phone #

305-666-2319