## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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	PORATION STATEMENT	s	DEPARTMENT OF STATE ecretary of State sion of corporations		06.Ff	FILED B 13 PH :	3: 07	
DOCUMENT # N9500000763  1. Corporation Name					SECHTALLY OF STATE TALLAMASSEELF LORIDA			
WE	STON FRIENDS	<b>4.</b> 0 02/17	<b>DDD</b> 1 7/06(	56133: )1030011	1 5 4 **253, 75			
2. Principa 1622	Office Address 3 Opal Creek Drive	3. Mailing Of 16223	Opal Creek Drive	ingt.	ates	RŽE081 (12405)	75-1	16
Suite, Apt. #, etc. Suite, Apt. #				4. Date Incorpo	DO TOWAR	11997	2222	
City & State West	ton, FL	City & State West	City & State		5867		Applied Fo	
33331 ÜSA		33331	I ŰŠÄ	6. CERTIFICATE	OF STATUS		Additional Fee req a Certificate of Stat	
	Name Jean Roti Street Address (P.O. Box Number is N Suite, Apt. #, Etc.  City Weston		lame and Address of Current Register		State FL	Zip Code 333	327	
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 Date Full: 7, 2006  REGISTERED AGENT MUST SIGN								
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Name of Street Address of Each (City / Street / Zio								
Titles	Officers and/or Directors		Officer and/or Director		' City / State / Zip			
President	Jean Roti		<u> </u>		Weston, FL 33331			
v President	Marilyn Meyer		1767 Sycamore Terrace					
Secretary	Jo Lewis		655 Lake Blvd.		Weston, FL 33326			
Treasurer	Frances Yesbeck		2276 Quail Roost Drive		Weston, FL 33327			

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 filling 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 contained in Chapter 119, 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 eath.

Sie	SN.	ΔΤΙ	IRF.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954/659-118/ Daytings Phone #

## WESTON FRIENDS CLUB WESTON, FLORIDA

February 3, 2006

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

Attention: Corporation Reinstatement --- Non Profit

Jean B. Roti

Gentlemen:

Please find attached our Corporation Reinstatement Application Form for Weston Friends Club, Inc. We did not receive the mailed notices to renew and maintain our corporate standing and therefore request a waiver of the \$175.00 fee.

We have attached a check in the amount of \$253.75 (\$245.00 plus \$8.75 for a Certificate of Status) in accordance with the instructions.

Please notify me at my address if you require additional information.

Yours truly,

Jean Roti, President

Weston Friends Club Inc.