

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

02 MAY -3 PM 12:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P 000000 28852

1. Corporation Name

WEISTANA MANAGEMENT Company, Inc

REINSTATEMENT 01-02

2. Principal Office Address

9441 W. Sample Rd.

3. Mailing Office Address

9441 W. Sample Rd.

Suite, Apt. #, etc.

#209

Suite, Apt. #, etc.

#209

City & State

Conal Springs FL.

City & State

Conal Springs FL.

Zip

33065

Country

U.S.

Zip

33065

Country

U.S.

4. Date Incorporated or Qualified  
To Do Business in Florida

03/21/2000

5. FEI Number

06-1586599

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

JAY FONTANA

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

9441 W. Sample Rd.

Suite, Apt. #, Etc.

#209

City

Conal Springs FL.

State

FL

Zip Code

33065

200005507832-1

-05/14/02--01017--022

\*\*\*\*900.00 \*\*\*\*900.00

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

*Jay Fontana*

REGISTERED AGENT MUST SIGN

Date 4-30-2002

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

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip     |
|--------|--------------------------------------|---|------------------------|
| PD     | JAY FONTANA                          | 9441 W. Sample Rd.                                | Conal Springs FL 33065 |
| SD     | HOWARD WEISER                        | 9441 W. Sample Rd.                                | Conal Springs FL 33065 |
|        |                                      |   |                        |
|        |                                      |   |                        |
|        |                                      |   |                        |
|        |                                      |   |                        |

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:

*Jay Fontana*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAY FONTANA

4-30-2002

Date

934-255-0764

Daytime Phone #