


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION**  **FLORIDA DEPARTMENT OF STATE**  
**Katherine Harris**  
**Secretary of State**  
**DIVISION OF CORPORATIONS**

**FILED**  
**01 DEC 31 PM 6:06**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**DOCUMENT #** P000000.43864  
**1. Corporation Name**  
 Richard A. Weiner Consultant Inc.

**2. Principal Office Address**  
 890 N.W. 115 Ave

**3. Mailing Office Address**  
 890 N.W. 115 Ave

**Suite, Apt. #, etc.**

**Suite, Apt. #, etc.**

**City & State**  
 Plantation FL

**City & State**  
 Plantation FL

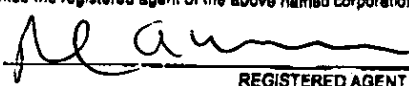
**Zip** 33325 **Country** USA

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**4. Date Incorporated or Qualified To Do Business in Florida** 5-2-00  
**5. FE Number** EIN 65-1003429 **Applied For** Not Applicable  
**6. CERTIFICATE OF STATUS DESIRED**  **38.75 Additional Fee required for a Certificate of Status**


**7. Name and Address of Current Registered Agent**  
**Name** Richard A. Weiner  
**Street Address (P.O. Box Number is Not Acceptable)** 890 N.W. 115 Ave.  
**Suite, Apt. #, Etc.**  
**City** PLANTATION  
**State** FL **Zip Code** 33325

500004764655-4  
 -01/10/02--01031--004  
 \*\*\*150.00 \*\*\*150.00

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.**  
**Signature of Registered Agent**   
**REGISTERED AGENT MUST SIGN**  
**Date** 12-28-01

**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	Richard Weiner	890 NW 115 Ave	Plantation FL 33325

**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:**   
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
**Date** 12-28-01 **Daytime Phone #** 954 472-6242

CROSS (2011)

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December 28, 2001

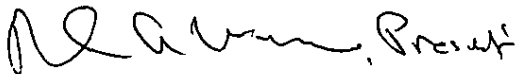
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl. 32314

To whom it may concern:

Enclose please find a check for \$150.00 to have my corporation reinstated. I did not receive a Uniform Business Report which was mailed to my prior address which was 123 N.W. 106<sup>th</sup> Avenue, Plantation, FL 33324. I have also completed a reinstatement form and would like to verify that you have my correct address.

Thank you,

Wishing you and yours and our Country a Safe and Happy New Year.

 Richard A. Weiner, President

Richard A. Weiner Consultant Inc  
890 N.W. 115<sup>th</sup> Ave  
Plantation Fl 33325