

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10F2

APPLICATION FOR REINSTATEMENT

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 NOV -7 PM 2:25

DOCUMENT # P00000093851

1. Corporation Name

WEEKSWORKS, INC.

Principal Place of Business

6035 FT. CAROLINE ROAD #2  
JACKSONVILLE FL 32277

Mailing Address

6035 FT. CAROLINE ROAD #2  
JACKSONVILLE FL 32277



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

10/02/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3672259

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	WEEKS, LINDA T	2195 SPANISH BLUFF DRIVE	JACKSONVILLE FL 32225
VD	WEEKS, JAMES	2195 SPANISH BLUFF DRIVE	JACKSONVILLE FL 32225
STD	TOMLINSON, MARYLIN H	3635 RIVEREDGE DRIVE	JACKSONVILLE FL 32277

000004698130--4  
-11/29/01--01045--006  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TROTTI, DAVID P  
5571 PLAYA WAY  
JACKSONVILLE FL 32211

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

Signature of Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 10-15-01

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

*Linda T. Weeks*  
LINDA T. WEEKS

10/15/01

Date

Daytime Phone #

CR2040 (8/01)

2082

*David P. Trotti, P.A.*  
*Attorney & Counselor at Law*

5571 Playa Way  
Jacksonville, Florida 32211  
www.dptrottilaw.com  
Division of Corporations  
Department of State  
The Capitol  
Post Office Box 6327  
Tallahassee, FL 32314

October 15, 2000

Phone: (904) 745-5556  
Fax: (904) 745-5354  
email: david@dptrottilaw.com

**RE: WEEKSWORKS, INC., UBR**

Dear Sir or Madam:


Enclosed is the signed original of the Application for Reinstatement and a check for \$150.00.

This correspondence is to communicate to your department that neither the President nor I as the registered agent received the Uniform Business Report for Weeksworks, Inc. Pursuant to the department's telephonic introduction, I am writing you this written statement informing you that the UBR was not received prior to this Application for Reinstatement.

Thank you for your time and attention to this matter.

Please contact my office if you have any questions concerning this correspondence.

Sincerely,

  
David P. Trotti  
(for the firm)

enc.