

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PAPC

APPLICATION

FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/02/2000

5. FEI Number

59-3672259

Applied For

☒ Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
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

400009638494
12/23/02--01059--013 **150.00

TS

8. Name and Address of Current Registered Agent

TROTTI, DAVID P
5571 PLAYA WAY
JACKSONVILLE FL 32211

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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 REQUIRED
REGISTERED AGENT MUST SIGN

Date 12-20-02

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

WEEKS, JAMES WEEKS, VP 12/12/02 (904) 744-8722
Date Daytime Phone #

CR2E040 (8/02)

WEEKSWORKS

6035' FORT CAROLINE ROAD #2

JACKSONVILLE, FLORIDA 32277

PHONE/FAX: (904) 744-0822 EMAIL: WEEKSWORKS@BELLSOUTH.NET

Pruned ✓

Florida Dept. Of State - Division Of Corporations,

Please find enclosed our Annual Report for the Division of Corporations along with our check number 1003 in the amount of \$150.00.

We ask that you please review your records, as we did not receive the first notice of this filing. The same occurrence happened last year as well. In addition, our Registered Agent did not receive this filing this year or last year.

Sincerely,

James Weeks

James Weeks, VP
WeeksWorks, Inc.