

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

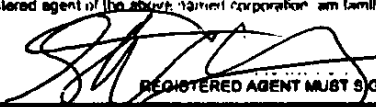
CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P010000063813			
1. Corporation Name WEYMER BUILDERS, INC. 125 QUAILWOOD DR WINTER HAVEN, FL 33880			
2. Principal Office Address 125 QUAILWOOD DR Suite, Apt., Etc.		3. Mailing Office Address 125 QUAILWOOD DR Suite, Apt., Etc.	
City & State WINTER HAVEN, FL		City & State WINTER HAVEN, FL	
Zip 33880	Country USA	Zip 33880	Country USA

FILED
 05 MAR 21 PM 4:54
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

REINSTATEMENT 02-05

4. Extra Incorporated or Qualified To Do Business in Florida	6-25-21
5. FEI Number 59-3730624	Added For ☐ Not Applicable ☒
6. CERTIFICATE OF STATUS DESIRED ☒	

7. Name and Address of Current Registered Agent	
Name SCOTT E WEYMER	
Street Address (P.O. Box Number is Not Acceptable) 125 QUAILWOOD DR	
Suite, Apt., Etc.	
City WINTER HAVEN	State FL
	Zip Code 33880

8. I, _____, appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.05(5) or 617.05(3), F.S.			
Signature of Registered Agent 		Date	
REGISTERED AGENT MUST SIGN			
9. Name and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Index	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P-1	SCOTT E WEYMER	125 QUAILWOOD DR	WINTER HAVEN FL 33880

500049885935
 04/05/05--01008--010 **1200.00

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)(f), 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:

Daytime Phone #