PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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

DOCUMENT # P01000063812

1. Corporation Name
WEYMER BUILDERS, INC.
125 QUAILWOOD DR
WINTER HAVEN, FL 33880

REINSTATEMENT 02-05

2. Principal Office Address	3. Mailing Office Address
125 QUAILWOOD DR	125 QUAILWOOD DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WINTER HAVEN, FL	City & State: WINTER HAVEN, FL
Zip: 33880 Country: USA	Zip: 33880 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 6-25-91

5. FEI Number: 59-3130624 ☐ Applied 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 hereby 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: REGISTERED AGENT MUST SIGN Date:

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P-D	SCOTT E WEYMER	125 QUAILWOOD DR	WINTER HAVEN FL 33880

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10. I certify that I am an officer or director or the receiver or trustee empowered to execute the 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: Daytime Phone #