

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 MAY 24 AM 10:10

DOCUMENT # P01000111743

1. Corporation Name

WESTON MARKETING CONSULTANTS INC

500181270715
05/24/10--01044--015 **450.00

CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #

5924 NORTH SABLE CIRCLE

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT LAUDERDALE FL

City & State

Zip

33063

Country

USA

Zip

Country

4. Date Incorporated or Qualified

To Do Business in Florida 10/25/01

5. FEI Number

65-1155022

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

NANETTE WESTON

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

5924 N SABLE CIRCLE

Suite, Apt. #, Etc.

City

FT LAUDERDALE

State

FL

Zip Code

33063

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being 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

Date

REGISTERED AGENT MUST SIGN

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	NANETTE WESTON	5924 N SABLE CIRCLE	FT LAUDERDALE FL 33063

REINSTATEMENT OF 10

10. E-mail Address: UYOUKNOWNANETTE@AOL.COM

(To be used for future annual report notification)

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. I further certify, 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:

Nanette Weston

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

May 17, 2010

Daytime Phone #

954-778-0897