

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 DEC 15 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PD20000 24322

1. Corporation Name

WEIDLE ENTERPRISES, INC.

100023749311
10/13/03--01059--021 **150.00

2. Principal Office Address

8640 PHILIPS HIGHWAY

Suite, Apt. #, etc.

SUITE 25

City & State

JACKSONVILLE, FL

Zip

32250

Country

USA

3. Mailing Office Address

8640 PHILIPS HIGHWAY

Suite, Apt. #, etc.

SUITE 25

City & State

JACKSONVILLE, FL

Zip

32250

Country

USA

REINSTATEMENT

03

4. Date Incorporated or Qualified
To Do Business in Florida

2/22/02

5. FEI Number

45-0468044

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

TERRI WEIDLE

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

12826 CHETS CREEK DRIVE NORTH

Suite, Apt. #, Etc.

City

JACKSONVILLE

State
FL

Zip Code

32224

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

Terri A. Weidle

Date

10/8/03

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.	Terri L. Weidle	12826 Chets Creek Drive North	Jacksonville, FL 32224

10. 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:

Terri A. Weidle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/8/03

Date

(904) 733-1221

Daytime Phone #



TO THE TRADE

Artwork & Accessories to the Design Trade

• • • • •

October 8, 2003

Division of Corporations
PO Box 6327
Tallahassee, FL 32314-3627

Dear Sir or Madam:

Please accept our application for reinstatement. On October 8, 2003 we received a notice of administrative dissolution. We have not received the two prior uniform business report notices. We have enclosed the appropriate UBR filing fee and completed application.

Sincerely,



Terri L. Weidle
President