

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 APR -1 AM 9:30

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000036417

1. Corporation Name

WEEDFORD REAL ESTATE INVESTMENTS INC

2. Principal Office Address - No P.O. Box #
100 OAKMONT LANE

3. Mailing Office Address
100 OAKMONT LANE

Suite, Apt. #, etc.
104

Suite, Apt. #, etc.
104

City & State
BELLEAIR, FL

City & State
BELLEAIR, FL

Zip Country
33756 US

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33756 US

000148290300
04/01/09--01034--004 **300.00
CR2E081 (12/08)

4. Date Incorporated or Qualified To Do Business in Florida 04/03/2002

5. FEI Number
90-0116991

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
HAYDEE CEBALLOS, CPA

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

Suite, Apt. #, Etc.

City
CORAL GABLES

State Zip Code
FL 33134

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 Haydee Ceballos
REGISTERED AGENT MUST SIGN

Date 3-27-09

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
P	PINEDA, ABRAHAN	100 OAKMONT LANE #104	BELLEAIR, FL 33756

B 4/6/09

REINSTATEMENT 08-09

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 contained in Chapter 119, 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: ABRAHAN PINEDA

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ABRAHAN PINEDA 3/27/09

Date

Daytime Phone #

PRES.