

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 28 PM 3:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000100408

1. Corporation Name

GENE WEAVER WHOLESALE INCORPORATED

Principal Place of Business

Mailing Address

488 WEST Highbanks Road, LOT 140  
DEBARY FL 32728

488 WEST Highbanks Road, LOT 140  
DEBARY FL 32728

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/16/2002

5. FEI Number

542107571

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	WEAVER, RAY EUGENE	488 WEST Highbanks Road, LOT 140	DEBARY FL 32728

300024189183  
10/28/03--01016--008 \*\*150.00

8. Name and Address of Current Registered Agent

WEAVER, RAY EUGENE  
488 WEST Highbanks Road, LOT 140  
DEBARY FL 32728

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*Ray Eugene Weaver*  
REGISTERED AGENT MUST SIGN

Date 10-22-03

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 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: *Ray Eugene Weaver*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-22-03

Date

Daytime Phone #

CR2040 (7/03)

To Whom It may Concern

Oct 22, 2003

This in regard to the instruction I received  
by your voice mail prompt and to inform you  
I did not receive prior notice I have been a corporation  
for 1 year date of incorporation 9/14/02. Could this  
be the reason I never received a notice? as I am  
a new corporation I am not familiar with the procedure,  
as instructed by your voice mail, and front page  
of this form I am enclosing the check for \$150.00  
as it states, the reinstatement fee can be waived if  
the corporation did not receive the two prior LBR  
notice. So enclosed is the filing fee to file the  
report without penalty.

Thank you  
Lee Weng