

PLEASE READ ALL INSTRUCTIONS BEFORE COM

**FILED**  
**May 18, 2005 8:00 am**  
**Secretary of State**

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P03000058508**

1. Corporation Name

**Fullweeks, Inc**

**500055568035**  
06/01/05--01013--017 \*\*300.00

2. Principal Office Address

**595 N.W. 159<sup>th</sup> Ave**

Suite, Apt. #, etc.

City & State

**Pembroke Pines, FL**

Zip

**33028**

Country

**USA**

3. Mailing Office Address

**595 N.W. 159<sup>th</sup> Ave**

Suite, Apt. #, etc.

City & State

**Pembroke Pines FL**

Zip

**33028**

Country

**REINSTATEMENT**

**04-05**

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

**74-3099419**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$275. Additional fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

**Vincent Hethington**

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

**21343 N.E. 8<sup>th</sup> Ct.**

Suite, Apt. #, Etc.

**#4**

City

**Miami**

State

**FL**

Zip Code

**33179**

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

**Vincent Hethington**

REGISTERED AGENT MUST SIGN

Date

**5/14/05**

**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.	Gregory Bailey	595 N.W. 159 <sup>th</sup> Ave.	Pembroke Pines FL 33028

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:

**[Signature]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**5/15/05**

Daytime Phone #

**954-437-8989**

CR2004 (01/05)

**Fullwerks, Inc**

APPROVED  
AND  
FILED

2/2

**Fullwerks, Inc.  
595 N.W. 158<sup>th</sup> Ave.  
Pembroke Pines FL 33028**

05 MAY 18 AM 10:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

May 12, 2005

Florida Department of State  
Secretary of State  
Division of Corporations

Dear Sir or Madam:

Please accept this Payment of \$300.00 for the Annual Report for Fullwerks, Inc. along with the corporation request for reinstatement of Fullwerks, Inc. **P03000058508**

This request is being made on the fact that the corporation had changed its address and the annual report for 2004 had not been received. As owner of the said corporation I was unaware these reports needed to be filed until it was brought to my attention by a tax accountant the corporation has obtained. Because of this lack of knowledge on the owner part a viable corporation was dissolved.

Based on this lack of knowledge and none receipt of reports I ask that you please accept this request for reinstatement and that you wavier all reinstatement fees.

Sincerely,



Gregory Bailey  
Owner, Fullwerks, Inc.