

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2006 JUL 18 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PU3000114422**

1. Corporation Name

WEAVER Professional Carpentry Inc.

2. Principal Office Address

6 South Harborview Rd.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Santa Rosa Beach FLA.

City & State

Zip

32459

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/10/2003

5. FEI Number

73-1685477

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

MIKE WEAVER

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

6 South Harborview Rd

Suite, Apt. #, Etc.

City

Santa Rosa Beach

State

FL

Zip Code

32459

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

[Signature]

Date **7-13-06**

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.	MIKE WEAVER	6 South Harborview Rd	Santa Rosa Beach FLA. 32459
Sec.	1		700078068087 07/27/06--01050--011 **450.00
Treas.	1		

REINSTATEMENT 04-06

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7-13-06

Daytime Phone #

WEAVER



PROFESSIONAL CARPENTRY, INC.

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July 14, 2006

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT: Weaver Professional Carpentry Inc. P03000114422

Dear Sir or Madam:

Please find enclosed my corporation reinstatement forms and the annual report fees.

Please waive the reinstatement fee because I did not receive an annual report notice.

Please note my correct address listed below:

Weaver Professional Carpentry
Mikel Weaver
6 South Harborview Road
Santa Rosa Beach, FL 32459

If you have questions or require additional information, please contact me at 850-259-9879 or 850-654-5211.

Thank you.

Sincerely,

Mikel B. Weaver
Owner/President
Weaver Professional Carpentry