

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000152839

1. Entity Name
WEACS, INC.



Principal Place of Business
502 ASH STREET
FERNANDINA BEACH, FL 32034

Mailing Address
502 ASH STREET
FERNANDINA BEACH, FL 32034

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 DEC -9 AM 8:00

REINSTATEMENT



10222004

REIN-P

CR2E098 (6/04)

MRS

4. FEI Number

54-2136837

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CROW, JOHN DAVID
502 ASH STREET
FERNANDINA BEACH, FL 32034

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

John D. Crow

President

12-7-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME CROW, JOHN DAVID
STREET ADDRESS 502 ASH STREET
CITY-ST-ZIP FERNANDINA BEACH, FL 32034

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John D. Crow*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-7-04

Date

904-753-4480

Daytime Phone #

282

WEACS, INC.
502 Ash Street
Fernandina Beach, FL 32034

December 7, 2004

Division of Corporations
P. O. Box 6198
Tallahassee, FL 32314-6198

Dear Sir or Madam:

Enclosed please find my Application to Reinstate above mentioned corporation. I am also enclosing filing fee of \$150.00 and humbly request that the late fee be waived due to the fact that my corporation was founded January 1, 2004 and I was completely unaware that I was obligated to file an annual report at all. My first notification was the receipt of Notice of Dissolution or Revocation, Document Number P030000152839.

Any assistance you could provide would be most appreciated.

Sincerely,



John D. Crow
President

Attachments