| | D ALL INSTRUCTIONS BEFOR | ECC ED |
|---|--|--|
| | FLORIDA DEPARTMENT OF STAT Secretary of State Division of corporations | |
| DOCUMENT # POSO | 00133749 | ALAMASSEE, FLORIDA |
| J. WEEKS CONS | T. CORP. | |
| | | 40041431 BALLOD |
| 2. Principal Office Address - No P.O. Bax # 500 PARK ST, | 3. Mailing Office Address 500 PARK. ST. | REINSTATEMENT 06-07 |
| Suite, Apt. #, stc. | Suite, Aot, #, etc. | |
| City & State | City & State | To Do Business in Florida 9/28/05 5. FEI Number |
| SEBRING, FLA, Zip 33870 USA | SEBRING, FLA 210 33870 USA | 6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required |
| | ss of Current Registered Agent | for a Certificate of Status |
| Name JEAFRING 5, WEEKS Street Address (P.O. Box Number in Nor Acceptable) | | The reinstatement fee is imposed, except in circumstances which the entity did not receive |
| 2015 COVING TON RD. | | the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement |
| City SEBRING | State Zio Code FL 3387 | fee be waived. |
| | above named corporation, am familiar with and eccept | |
| Signature of Registered Agent | REGISTERED AGENT MUST SIGN | Date <u>3/23/07</u> |
| 9. Names and Street Addresses of Each Office | r and/or Director (Florida nonprofit corporations must list | at least 3 directors) |
| Titles Name of Officers and/or Dire | Street Address of Officer and/or Dir | |
| PRES WEEKS, JEAR | 64 5, 2015 COVINGTON | ROAD SEBRING, FLL. 33870 |
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