

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 OCT 15 AM 9:54

DOCUMENT # P07000041971

1. Corporation Name

Weldone Inc

2. Principal Office Address - No P.O. Box #

5556 Yahl St

3. Mailing Office Address

5556 Yahl St

Suite, Apt. #, etc.

Unit C

Suite, Apt. #, etc.

Unit C

City & State

Naples, FL

City & State

Naples, FL

Zip

34109

Country

Collier

Zip

34109

Country

Collier

000161768440
10/15/09--01033--008 **308.75
REINSTATEMENT 08-09

4. Date Incorporated or Qualified To Do Business in Florida Sept. 2007

5. FEI Number
208747650

☐ 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
Scott Macquarrie

Street Address (P.O. Box Number is Not Acceptable)
6025 English Oaks Blvd

Suite, Apt. #, Etc.

City
Naples

State
FL

Zip Code
34119

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 10/12/2009

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
V	Robert Fowell	1430 11th ST SW	Naples, FL 34117
CEO	Scott Macquarrie	6025 English Oaks Blvd	Naples, FL 34119

10. I certify that I am an officer or director of 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:

Scott Macquarrie

10/12/2009

239-598-2626

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #