2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000103502

City-St-Zip:

SUMMERFIELD, FL 34491 US

Entity Name: WESTON ENTERPRISES, INC

FILED Oct 09, 2009 Secretary of State

Entity Nan	ne: WESTON	NENIEF	(PRISES, INC.				
Current Principal Place of Business:				New Principal P	New Principal Place of Business:		
1933 SE 15 SUMMERF	55TH ST FIELD, FL 344	.91 US	3	325 SW 60TH AV OCALA, FL 3447			
Current Mailing Address:				New Mailing Add	New Mailing Address:		
PO BOX 992 SUMMERFIELD, FL 344920992					325 SW 60TH AVENUE OCALA, FL 34474 US		
FEI Number:	61-1574254	FEI Nu	mber Applied For()	FEI Number Not Applicable () Certificate of Status Desired (X)		
Name and Address of Current Registered Agent:				Name and Addre	Name and Address of New Registered Agent:		
	NELLIE D 103RD AVE COY, FL 3213	348478	US				
The above in the State		submits t	this statement for the p	urpose of changing its regis	tered office or registered agent, or both,		
SIGNATUR	RE: NELLIE D). WALT	ER				
Electronic Signature of Registered Agent				nt	Date		
			S., the corporation did no and Contribution ().	t receive the prior notice.			
OFFICERS AND DIRECTORS:				ADDITIONS/CHA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () WESTON, RUS 1933 SE 155TH SUMMERFIELD	H ST	91 US	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	VP () WESTON, LAU 1933 SE 155TH SUMMERFIELD	H ST	91 US	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address:	SEC () WESTON, NICH 1933 SE 155TH			Title: Name: Address:	() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: RUSSELL J. WESTON PRES 10/09/2009