

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P17684**

1. Corporation Name

WEIGHCO OF FLA., INC.
D/B/A WEIGHT WATCHERS

Principal Place of Business

5512 Johns Road
Tampa, FL 33634

Mailing Address

8720 Red Oak Blvd
Suite 105
Charlotte, NC 28217

Attn: Pat Brannan Enloe

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc

City & State

Zip

Country

3. New Mailing Office Address, If Applicable
same as above

Suite, Apt. #, etc

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

25-1563232

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
COB	D. Grant Peacock	109 Laurens Rd. Suite 1D	Greenville, SC 29607
Pres	Richard J. McSorley	8720 Red Oak Blvd Suite 105	Charlotte, NC 28217
Asst. Sec	Melissa Craig	8720 Red Oak Blvd Suite 105	Charlotte, NC 28217

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-04/07/99--01078--007
****908.75 ****908.75

8. Name and Address of Current Registered Agent

CT Corporation System
1200 South Pine Island Rd
Plantation, FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Dale H. Morris

REGISTERED AGENT MUST SIGN

Date

03-26-99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax)

12. 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 607.0101 or 617.0101, 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 under section 119.07(3)(b), 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:

Richard J. McSorley, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/99
Date

704 522-0127
Telephone

CDP08172 981