

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P93000001933

1. Entity Name
WEEKIWACHEE INVESTMENT, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 AUG 17 AM 8:35

REINSTATEMENT 05-06

Principal Place of Business
5574 COMMERCIAL WAY
SPRINGHILL, FL 34606 US

Mailing Address
5574 COMMERCIAL WAY
SPRINGHILL, FL 34606

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06072006 REIN-P CR2E098 (11/05)

4. FEI Number

59-3162883

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GANDHI, DINESH P
5574 COMMERCIAL WAY
US 19 NORTHCLIFF BL
SPRING HILL, FL 34606

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
GANDHI, DINESH P
5574 COMMERCIAL WAY
SPRING HILL, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
800078983748
08/22/06--01019--003 **908.75

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
GANDHI, JOYTI
5574 COMMERCIAL WAY
SPRINGHILL, FL ☐ Delete

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Dinesh Gandhi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6.28.06

Daytime Phone #

727-858
4123