

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 SEP 16 PM 12:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P93000027319**

**1. Corporation Name**

Weaver Landscape, Inc.  
dba Sloan & Weaver

**2. Principal Office Address**

2408 Hyde Park Road

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

Zip

32210

Country

Duval

**3. Mailing Office Address**

2408 Hyde Park Road

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

Zip

32210

Country

Duval

**4. Date Incorporated or Qualified  
To Do Business in Florida**

April 12, 1993

**5. FEI Number**

59-3177625

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☒**

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 94-03

**7. Name and Address of Current Registered Agent**

Name

Robert J. Weaver

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

2408 Hyde Park Road

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32210

**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 **September 11, 2003**

**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
S/D	Robert J Weaver	2408 Hyde Park Road	Jacksonville, FL 32210
V/D	Robert J Weaver	2408 Hyde Park Road	Jacksonville, FL 32210
P/V/D	Robert J Weaver	2408 Hyde Park Road	Jacksonville, FL 32210

**10. 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 607.0401 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 under section 119.07(3)(i), 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:**

Robert J. Weaver

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/11/2003 904-786-7907

Date

Daytime Phone #

CR2E081 (10/02)

9/16