

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

96 NOV 21 AM 11:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000006348**

1. Corporation Name

**WEEDTECH MANAGEMENT, INC.**

Principal Place of Business

1052 E. NORMANDY BLVD.  
SUITE B  
DELTONA FL 32725  
US

Mailing Address

1052 E. NORMANDY BLVD.  
DELTONA FL 32725  
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

01/28/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

05-0404429

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6.

CERTIFICATE OF STATUS DESIRED ☐

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
PD	WEEDENS, ANDRE	1052 E. NORMANDY BLVD.	DELTONA FL
SD	LAFALAISE, M. EVELYNE	1052 E. NORMANDY BLVD.	DELTONA FL
VD	WEEDENS, WENDY	1052 E. NORMANDY BLVD	DELTONA, FL

REINSTATEMENT 1996

11-21-96

8. Name and Address of Current Registered Agent

LAFALAISE, EVELYNE M.  
931 1/2 BELVEDERE RD.  
1052 E NORMANDY BLVD.  
DELTONA FL 32725

9. Name and Address of New Registered Agent

Name

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

100002014341--7

Suite, Apt. #, Etc.

-11/26/96--01101--008

City

State

Zip Code

FL

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

*Evelyn Lafalaisé*

REGISTERED AGENT MUST SIGN

REQUIRED

Date

11-9-96

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. 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 607.0401 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:

*Evelyn Lafalaisé*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-3-96