

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR 96-97
REINSTATEMENT



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

APPROVED
AND
FILED

97 JUL 31 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000048832

1. Corporation Name
R.K. Weston Const. Co

Principal Place of Business Mailing Address
9637 A - FM 1960 W Suite 196
Houston TX 77070

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

2. New Principal Office Address, If Applicable 9637 A. FM 1960 W Suite, Apt. #, etc. # 196		3. New Mailing Office Address, If Applicable 1612 Featherband Dr Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida June 1994	
City & State Houston TX		City & State Valrico FL		5. FEI Number 05-0501665	
Zip 77070		Country Harris		Applied For Not Applicable	
Zip 77070		Country Harris		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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
Pres	EDINA ROSSON	11619 Beezy Knoll	Houston TX 77064
V. Pres	"	"	"
Sec	"	"	"
Director	Robin Rossow	3862 Regents Wy	0Viedo FL 32765

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name Robin Rossow	
Street Address (P.O. Box Number is Not Acceptable) 3862 Regents Wy	
Suite, Apt. #, Etc. 0Viedo FL	
City 0Viedo	State FL
Zip Code 32765	

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
REGISTERED AGENT MUST SIGN

Date 7/2/97

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robin Rossow

Date 7/2/97

Daytime Phone # 813.6543426

CR2000 (12/96)