8/12

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 JAN -5 PM 2:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000026355

1. Corporation Name
PATRICIA WECKBAUGH, P.A.

8 LAKE EDEN DRIVE

REINSTATEMENT 03-05

| 2. Principal Office Address | | 3. Mailing Office Address | |
|---|---|---|---|
| 8 LAKE EDEN DRIVE | | 8 LAKE EDEN DRIVE | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| BOYNTON BEACH, FL | | BOYNTON BEACH, FL | |
| Zip | Country | Zip | Country |
| 33435 | USA | 33435 | USA |

4. Date Incorporated or Qualified To Do Business In Florida

5. FEI Number 650573253 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name
WECKBAUGH, PATRICIA

Street Address (P.O. Box Number is Not Acceptable)
8 LAKE EDEN DRIVE

Suite, Apt. #, Etc.

| City | State | Zip Code |
|---|---|---|
| BOYNTON BEACH | FL | 33435 |

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Patricia Weckbaugh, P.A. Date: 01/04/05
REGISTERED AGENT MUST SIGN

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

| Title | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|---|---|---|---|
| D | WECKBAUGH, PATRICIA | 8 LAKE EDEN DRIVE | BOYNTON BEACH, FL 33435 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

10. I certify that I am an officer or director of 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.

PATRICIA WECKBAUGH, P.A.

SIGNATURE: Patricia Weckbaugh, P.A. 01/04/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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DATE: 01/05/2005

TO: DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FROM: PATRICIA WECKBAUGH
PATRICIA WECKBAUGH, P.A.

WE DID NOT RECEIVE FROM YOU THE UNIFORM BUSINESS REPORT BY MAIL.

PLEASE FILE OUR ANNUAL REPORT AND DO NOT CHARGE US THE PENALTY FEE.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT US AT 561-489-4590.

THANKS,

Patricia Weckbaugh, P.A.

PATRICIA WECKBAUGH, Director
PATRICIA WECKBAUGH, P.A.

# Florida Department of State
## Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (800)494-3124
Fax Number : (305)675-2811

# CORPORATION REINSTATEMENT

## PATRICIA WECKBAUGH, P.A.

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