

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**

**01-03**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 MAY 15 PM 1:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

PA6 000026726

1. Corporation Name

WEAVER DIRECT MARKETING CENTER, INC

2. Principal Office Address

931 VILLAGE BLVD

3. Mailing Office Address

931 VILLAGE BLVD

Suite, Apt. #, etc.

905-115

Suite, Apt. #, etc.

905-115

City & State

WEST PALM BEACH, FL

City & State

WEST PALM BEACH, FL

Zip

33409

Country

USA

Zip

33409

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

03/26/96

5. FEI Number

65-0653780

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

WAYNE WEAVER

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

931 VILLAGE BLVD

Suite, Apt. #, Etc.

905-115

City

WEST PALM BEACH

State  
FL

Zip Code  
33409

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

*Wayne Weaver*  
REGISTERED AGENT MUST SIGN

Date

5/12/03

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
PSTD	WEAVER, WAYNE.E.	-1071 WEST 10TH ST	-RIVIERA BEACH, FL 33404
S	WEAVER, MARGO	1071 WEST 10TH ST	RIVIERA BEACH, FL 33404

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:

*Wayne Weaver*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/12/03

Date

561-840-0930

Daytime Phone #

CR2E081 (10/02)

5/12/03

**WEAVER DIRECT MARKETING CENTER, INC.**

*931 Village Blvd, Ste. 905-115  
West Palm Beach, FL 33409*

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May 12, 2003

Department of State  
Division of Corporations  
Uniform Business Report Filings  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Weaver Direct Marketing, Inc  
EIN 65-0653780

To Whom It May Concern:

It was recently brought to our attention by our accountant that Weaver Direct Marketing, Inc has been administratively dissolved for failure to file the annual Uniform Business Report for the period of three years. Since we did not receive the forms, we were unaware that these reports needed to be filed. In the past, we have always filed in a timely manner. Therefore, we respectfully request the waiver of all interest and penalties. Please accept the enclosed check in the amount of \$458.75. The additional \$8.75 is for the certificate of status. We do not understand why we did not receive any of the notices that were sent to us.

Thank you for your consideration in this matter.

Sincerely,



Wayne Weaver  
President