

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 NOV -7 PM 4:57

DOCUMENT # **P97000060329**

1. Corporation Name

WEATHER SITE, INC.

Principal Place of Business

1390 S. DIXIE HWY., STE 2213
CORAL GABLES FL 33146

Mailing Address

1390 S. DIXIE HWY., STE 2213
CORAL GABLES FL 33146



REINSTATEMENT 01

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/09/1997

5. FEI Number

65-0772796

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	JACKMAN, PHILIP	1390 S. DIXIE HWY., STE 2213	CORAL GABLES FL 33146
VD	DOMINIK, JACK	6175 NW 153RD STREET., STE 225	MIAMI LAKES FL 33014
TD	JANUS, HENRY L	6396 NW 23RD TERRACE	BOCA RATON FL 33496
			000004698190--8 -11/29/01--01043--018 *****750.00 *****750.00

8. Name and Address of Current Registered Agent

MOOREFILED, HAROLD D JR
% STEARNS, WEAVER & MILLER, ET AL
150 WEST FLAGLER STREET., STE 2200
MIAMI FL 33130

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/5/01

11. 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

Philip Jackman

10/30/2001

Date

Daytime Phone #

305-669-0007

CR2040 (8/01)