

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

02 JAN 15 PM 2:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P990000009368**

1. Corporation Name

**Robert E. Weston, INC.**

2. Principal Office Address

**4136 GROVE PARK LN**

3. Mailing Office Address

**(SAME)**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Boynton Beach, FL**

City & State

Zip

**33436**

Country

**Palm Beach**

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**JANUARY 29, 1999**

5. FEI Number

**02-0488877**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**2001-2002 UBF**

**7. Name and Address of Current Registered Agent**

Name

**Judith M. Weston**

**500004880125--7**

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

**4136 GROVE PARK LANE**

**-02/05/02--01037--020**

**\*\*\*300.00 \*\*\*300.00**

Suite, Apt. #, Etc.

City

**Boynton Beach**

State

**FL**

Zip Code

**33436**

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

**Judith M. Weston**  
REGISTERED AGENT MUST SIGN

Date

**1/9/02**

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
P-D	Judith M. Weston	4136 GROVE PARK LANE	Boynton Beach, FL 33436
V-D	JAMES A. WESTON	4136 GROVE PARK LANE	Boynton Beach, FL 33436

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:

**Judith M. Weston**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/9/02**

Date

**561-965-2254**

Daytime Phone #

CR2E081 (9/01)



Robert E. Weston, Inc.

4136 Grove Park Lane ♦ Lantana, Florida 33436  
Telephone: (561) 965- 2254 ♦ Fax: (561) 967- 3566

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January 9, 2002

Attention: Tyrone  
Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Tyrone:

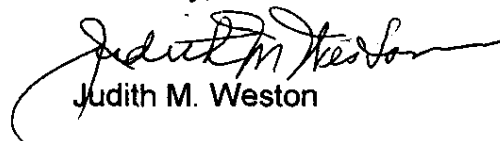
As discussed, the check we sent you last year for our corporate report was not deposited and is still outstanding in our register.

Per our discussion, I have enclosed a check for \$300 covering last years report (\$150 for the missing check) and \$150 for this years report.

I have enclosed the Corporation Reinstatement report as requested.

Please let me know if anything else if required.

Sincerely,



Judith M. Weston

Enclosed: (Check & Report)