

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 AUG 25 AM 9:21

CLERK OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S62754

1. Corporation Name

Weston Associates, Inc.

2. Principal Office Address - No P.O. Box #

926 Paseo Andorra

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

Zip

33405

Country

USA

3. Mailing Office Address

926 Paseo Andorra

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

Zip

33405

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

06/27/1991

5. FEI Number
65-0287178

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

Sandra Cooney

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

926 Paseo Andorra

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33405

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Sandra Cooney
REGISTERED AGENT MUST SIGN

Date 08/17/2009

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
D	Bernard Cooney	926 Paseo Andorra	West Palm Beach, FL 33405
D	Sandra Cooney	926 Paseo Andorra	West Palm Beach, FL 33405
	REINSTATEMENT		
	2007 - 2009 <i>[Signature]</i> 8/25		

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 contained in Chapter 119, 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:

Bernard Cooney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/17/09 561 835 3893

Date

Daytime Phone #