

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # V53406

1. Corporation Name

WEBER INVESTMENT CORPORATION

Principal Place of Business

ROUTE 2, BOX 83A
EAST PALATKA FL 32131

Mailing Address

ROUTE 2, BOX 83A
EAST PALATKA FL 32131

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/27/1992

5. FEI Number

59-3140753

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PVTS	WEBER, WARREN	RT. 2, BOX 83A	E. PALATKA FL 32131
D	WEBER, DONALD	RT. 2, BOX 83A	E. PALATKA FL 32131
S	OWENS, WESLEY H	351 CROSSINGS BLVD, STE. 1022	ORANGE PARK FL 32073

300002715359--3

-12/18/98--01008--015

****750.00 ****750.00

BR 12/14

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

OWENS, WESLEY H
351 CROSSINGS BLVD.
STE. 1022
ORANGE PARK FL 32073

Name

Wesley H. Owens

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

1919 Blanding Blvd.

Suite, Apt. #, Etc.

Suite 8

City

Jacksonville

State

FL

Zip Code

32210

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 *12-1-98*

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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 REQUIRED

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-1-98

Daytime Phone #

904-384-3840