

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JAN 27 PM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F000000000059

1. Corporation Name

WEB DIRECT, INC.

2. Principal Office Address

13200 W. NEWBERRY RD

Suite, Apt. #, etc.

S-106

City & State

NEWBERRY FL

Zip

32669

Country

US

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

01/05/2000

5. FEI Number

880374419

☒ 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

DAVID BRAINARD

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

13200 W. NEWBERRY RD

Suite, Apt. #, Etc.

SUITE 106

City

NEWBERRY FL 32669

State

FL

Zip Code

32669

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

David Brainard

REGISTERED AGENT MUST SIGN

Date 1-25-05

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
PRESIDENT	DAVID K. BRAINARD	13200 W. NEWBERRY RD S-106	NEWBERRY FL 32669
SECT.	DAVID K. BRAINARD	13200 W. NEWBERRY RD S106	NEWBERRY FL 32669
TRES.	DAVID K. BRAINARD	13200 W. NEWBERRY RD S106	NEWBERRY FL 32669

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:

David Brainard

DAVID BRAINARD

1-25-05

(352) 331-9806

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)