FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

02 SEP 27 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-10/01/02--01061--013
****900.00 ****900.00

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F00000006512

1. Corporation Name
Weber Financial Group, Inc.

2. Principal Office Address	3. Mailing Office Address
3801 PGA Blvd.	12421 N. Florida Avenue
Suite, Apt. #, etc. Suite 100	Suite, Apt. #, etc. Suite D-204
City & State Palm Beach Garden, FL	City & State Tampa, FL
Zip 33410 / Country Palm Beach	Zip 33612 / Country Hillsborough

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 52-2241284 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: PRESIDENTIAL SERVICES INCORPORATED

Street Address (P.O. Box Number is Not Acceptable): 1217 CAPE CORAL PARKWAY #300

Suite, Apt. #, Etc.:

City: CAPE CORAL | State: FL | Zip Code: 33904

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: President — REGISTERED AGENT MUST SIGN — Date: 9-26-2002

CR2E081 (9/01)

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
Pres.	Brian Fillweber	6133 Bayside Key Drive	Tampa, FL 33615

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: Brian Fillweber — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-26-02 — Date

813 835 9654 — Daytime Phone #

jf 9/27/02

SEP. 25. 2002 5:18PM NO. 4769 P. 2