

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 AUG -7 AM 11:25

RECEIVED
TALLAHASSEE, FLORIDA

DOCUMENT # F00000006512

1. Corporation Name

WEBBER FINANCIAL GROUP, INC

W07000036890

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

4902 CREEKSIDE DR.

3. Mailing Office Address

Suite, Apt. #, etc.

SUITE C

Suite, Apt. #, etc.

City & State

CLEARWATER, FL

City & State

Zip

Country

33760-4033 PINELLAS

Zip

Country

REINSTATEMENT 03-07

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

5-19-00

5. FEI Number

522241284

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

CORPORATION SERVICE COMPANY

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

1201 HAYS STREET

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301

☒ 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

SEE ATTACHED FOR SIGNATURE

Date 7-30-07

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 J. FILLWEBER	1649 SEABREEZE DR	TARPON SPRINGS, FL 34689
			500108400855 08/22/07-01007-003 **\$750.00
			500108400855 08/22/07-01007-004 **\$8.75

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-30-07 727-474-4001

Date

Daytime Phone #



208/7

AUG. 6. 2007 9:08AM

INNER_CIRCLE_MARKETING

NO. 9604 P. 2

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CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>F00000006512</u>			
1. Corporation Name <u>WEBBER FINANCIAL GROUP, INC</u>			
2. Principal Office Address - No P.O. Box # <u>4902 CREEKSIDE DR.</u>		3. Mailing Office Address <u>4902 CREEKSIDE DR.</u>	
Suite, Apt. #, etc. <u>SUITE C</u>		Suite, Apt. #, etc. <u>SUITE C</u>	
City & State <u>CLEARWATER, FL</u>		City & State <u>CLEARWATER, FL</u>	
Zip <u>33760</u>	Country <u>U.S.</u>	Zip <u>33760</u>	Country <u>U.S.</u>
7. Name and Address of Current Registered Agent			
Name <u>CORPORATION SERVICE COMPANY</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>1201 HAYS ST.</u>			
Suite, Apt. #, Etc. 			
City <u>TALLAHASSEE</u>		State <u>FL</u>	
		Zip Code <u>32301</u>	
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 		Date <u>August 6, 2007</u>	
REGISTERED AGENT MUST SIGN			
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 J. FILWEEBER	1649 SEA BREEZE DR	TARPON SPRINGS, FL
		1649 SEA BREEZE DR.	34689
		TARPON SPRINGS, FL 34	
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SIGNATURE: _____			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida 5-19-00
5. FEI Number 522241284

Applied For
Not Applicable

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