PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	TILL INDITION	IONS BEFORE					
CORPORATION REINSTATEMENT	Socratory of State		07 AUG - 7 AHII: 25				
12 Sept. 18.37							
DOCUMENT # F000000065/2			LLAHASSEE, FLORIDA				
1. Corporation Name  WEBBER FINANCIAL GROUP, INC							
	WOTOOCO		4				
2. Principal Office Address - No P.O. Box #	3. Mailing Office Address		REINST	ATEMENT 03			
4902 CREEKSIDE DR.				CR2E081 (1/07)			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.					
SUITE C			4. Date Incorporated or Qualified To Do Business in Florida 5 - 19 - 00				
City & State	City & State		5 77-02				
CLEARWATER, FL				5. FEI Number   Applied For			
Zip Country	Zip	Country	R				
33760-4038 PINELLAS			CERTIFICATE OF STATUS	for a Certificate of Status			
7. Name and Address of	of Current Registered Agen	nt					
Name CORROCATION	Sequer 1.	a 77 4 . 1.44	The reinstateme	nt fee is imposed, except in			
CORPORATION  Street Address (P.O. Box Number is Not Acceptable	SERVICE CO.	MYAUY	circumstances w	hich the entity did not receive			
1201 HAYS S	TREET		the prior notices. By checking this box, you				
Suite, Apt. #, Etc.		<del></del>	are certifying the prior notices were not received and requesting the reinstatement				
0)		TT	fee be waived.	Added the Template Merit			
TALLAHASSEE		FL 3230/					
8. I, being appointed the registered agent of the about	· ·	-		or 617.0503, F.S.			
Signature of SEE ATT	THED FO	TURE	7-30-07				
Ledizinion vilant "	EUISTERED AGENT MOOT		Date	7 00 07			
9. Names and Street Addresses of Each Officer on	edlor Director (Florida popper	off compositions must list at la	art 3 directors)				
Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at  Name of  Street Address of Fa  Name of Street Address of Fa  Name of Street Address of Fa  Name of Street Address of Fa  Name of Street Address of Fa  Name of Street Address of Fa  Name of Street Address of Fa  Name of Street Address of Fa  Name of Street Address of Fa  Name of Street Address of Fa  Name of Street Address of Fa  Name of Street Address of Fa  Name of Street Address of Fa  Name of Street Address of Fa  Name of Street Address of Fa  Name of Street Address of Fa  Name of Street Address of Fa  Name of Street Address of Fa  Name of Street Address of Fa		Street Address of Each	ch				
Titles Officers and/or Directors		Officer and/or Directo		City / State / Zip			
PRES BRIAN J. FILLE	DEBER 169	ZE DR. TARPO.	N SPRINGS, FL34689				
	-			08400 <b>8</b> 55			
		<u> </u>	1907003 **750.00				
			57019849955				
			ue72270701007004 **8.75				
				j			
		<del></del>					
10. I certify that I am an officer or director or the rece	eiver or trustee empowered to	o execute this application as r	rovided for in chapter 607 or 6	17, F.S. I further certify that when filing			
this reinstatement application, the reason for dis- owed by the corporation have been paid and the	solution has been eliminated,	, the corporate name satisfies	the requirements of section 60	7.0401 or 617.0401, F.S., that all fees			
on this application is true and accurate, and my	signatura shall have the sem	e legal effect as if made unde	reath.	ры 113, г.э. тве иноглавоп (показеd			
	/_//	)	سم د. س <i>د</i>				
SIGNATURE: 7-30-07 727-474-400							
SIGNATURE: 1 7-30-01 727-474-400   SIGNATURE AND TYPES OR PRINTES MARKE OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #							

208/7

## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION (	FLORIDA DEPAR	TMENT OF STA	TE.				
REINSTATEMENT	Secretar	ry of State CORPORATIONS					
DOCUMENT # FOODDOOG 512 1. COMPOSITION NAME WEBBER FINANCIAL GROUP, INC							
WEBBER FINANCI	1 C GROUP, IN	<i>د</i> د					
2 Principal Office Address - No P.O. Box # 4902 CREEKSIDE DL,	1 1			CR2E081 (1/07)			
Suite, Apt. #, etc.							
SUITE C			]	4. Date incorporated or Qualified To Do Business in Florida 5-19-00			
Cly & Stein	مما ما ما		Ì	5. FEI Number		Applied For	
CLEARWATER, FL	Zip	Country			1241284	Not Applicable	
33760 U.S.	33760	4.5.	_[	CERTIFICATE	OF STATUS DESIRED (S8.75)	A Ideocast Fee required Corolleatr of Status	
7. Name and Address of	of Current Registered Ager	nt					
CORPORATION SERVICE COMPANY				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			
Street Address (P.O. Box Number Is Not Acceptable)							
1201 HAYS ST.							
Suite, Apt. #, Etc.				received and requesting the reinstatement fee be waived.			
TACCAHASSEE State Zto Code FL 3230/			<b>,</b>				
8. I, being appointed the registered agent of the above named corporation, am familier with and accept the ob-					n 607.0505 or 617,0503, F.S.		
Signature of Registered Agent REGISTERED AGENT MUST SIGN					Date Angus 6, 2007		
9. Names and Street Addresses of Each Officer en	d/or Director (Florida nonpre	ofit corporations must (	ist at lea	at 3 directors)			
Titles Name of Officers and/or Directors		Street Address of Officer and/or (	of Each Director		City / State /	ΖΙφ	
PRES BRIAN J. FILLWEBER 1649 SEA BREE				of DR	TARPOD SPRIN	ils. FL	
						46 89	
TARROW SPANOS, F	634						
					<del></del> _		
10. I cently 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 filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name settities the requirements of section 607,0401 or 617,0401, F.S., that at seas owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an examption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my eignature shall have the same legal effect as if made under cath.							
SIGNATURE:					2-4-		