

Florida Department of State
Division of Corporations
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RE-SUBMIT

To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**CORPORATION REINSTATEMENT
WEBSTER & COMPANY ENTERPRISES, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$1,200.00

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F06000005424			
1. Corporation Name Webster & Company Enterprises, Inc.			
2. Principal Office Address - No P.O. Box # 10800 Corkscrew Road Suite, Apt. #, etc. Suite 348 City & State Estero, FL Zip 33928 Country USA		3. Mailing Office Address One Design Center Place Suite, Apt. #, etc. Suite 144-242 City & State Boston, MA Zip 02210 Country USA	
7. Name and Address of Current Registered Agent Name Peter Webster Street Address (P.O. Box Number is Not Acceptable) 10800 Corkscrew Road Suite, Apt. #, Etc. Suite 348 City Estero State FL Zip Code 33928			
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 007.0506 or 017.0505, F.S. Signature of Registered Agent  Date 4/12/2012 REGISTERED AGENT MUST SIGN Peter Webster			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	Peter Webster	One Design Center, Suite 242	Boston, MA 02210
Treasurer	Peter Webster	One Design Center, Suite 242	Boston, MA 02210
Secretary	Peter Webster	One Design Center, Suite 242	Boston, MA 02210
Director	Peter Webster	One Design Center, Suite 242	Boston, MA 02210
10. E-mail Address: billb@webstercompany.com			
11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 007 or 017, F.S. I further certify that when filing this reinstatement application, all reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 007.0401 or 017.0401, F.S., and that all fees owed by the corporation have been paid. Further, certify, the information disclosed on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third-degree felony as provided for in s.017.155, F.S. SIGNATURE:  Peter Webster Date 4/12/2012 Telephone # 617-261-9660			

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 MAY 15 AM 9:37

REINSTATEMENT 09-12

CR28081 (11/10)

4. Date incorporated or Qualified To Do Business in Florida August 18, 2006	
5. FEI Number 20-5393210	Applied For ☐ Not Applicable ☐
6. CERTIFICATE OF STATUS DESIRED ☐ See 007.0506 or 017.0505, F.S.	

MAY 18 2012

T. CAULEY