PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. APPLICATION FILED 99 JUN -4 AT 9: 45 REINSTATEMENT DOCUMENT # F9700002753 World Wide Webs, Inc. 4731 West Atlantic Avenue 33445 If above addresses are incorrect in any way, line through incorrect information and enter correction below 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 27, 1957 Suite, Apt. #, etc. Suite, Apt #, etc. 65-0695096 City & State City & State \$8.75 Additional Fee required Zio Ζıρ Country Country 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director
(Do NOT Use Post Office Box Numbers) City / State / Zip Title(s) Vincent J. CEcccila Jr. 4731 W Attentic Ave #19 Beach FL 33445 500002902825--0 -06/14/99--01006--001 \*\*\*\*300.00 \*\*\*\*300.0n 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable)
473 | W. Atlantic Ave
Suite, Apt #, Etc.
19 10. I, being appointed the registered agent of the above pared corporation, am familiar with and accept the obligations of Section 607.0505, F.S Signature of Registered Agent REGISTERED AGENT MUST SIGN 11. This corporation owes the current year (See other side for information on intangiblinian) Yes 🔼 No 🗌 Intangible Personal Property Tax due June 30. 12. Fortify 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 cert by that when filing this reinstalement 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 tree 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 in the reason for dissolution is true and accurate, and my signature shall have the same legal effect as if made under oath.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

June 1, 1999

Department of State **Division of Corporation** P.O. Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

We moved our business location from 5851 Holmberg Rd., Parkland, to 4731 W. Atlantic Ave., Ste. 19, Delray Beach over a year ago and notified your office at that time. We never received any paperwork from the Department of State indicating fees were due.

We would like to be reinstated and would appreciate having the reinstatement fee waived, as we were not aware of our certificate expiring.

I am enclosing a check in the amount of \$300.00 along with the reinstatement form.

Sincerely,

President

World Wide Webs, Inc.