2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # H84489

1. Entity Name
WEBB CONSTRUCTION MANAGEMENT SERVICES, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 16 PM 2:02

Principal Place of Business	Mailing Address
4348 PARADISE CIRCLE HERNANDO BCH. SPRING HILL, FL 34607-3377	4348 PARADISE CIRCLE HERNANDO BCH. SPRING HILL, FL 34607-3377

03252008 REIN-P CR2E098 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
14703 WATERCHASE BLVD	14703 WATERCHASE BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA FL	City & State: TAMPA FL
Zip: 33626 Country: USA	Zip: 33626 Country: USA

4. FEI Number: 59-2599114 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WEBB, ROBERT 4348 PARADISE CIRCLE HERNANDO BCH. SPRING HILL, FL 34607	Name: VICTORIA W. PAGE Street Address (P.O. Box Number is Not Acceptable): 14703 WATERCHASE BLVD City: TAMPA FL Zip Code: 33626

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Victoria W Page DATE: 4/3/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPS WEBB, ROBERT 4348 PARADISE CIRCLE SPRING HILL, FL	☑ Delete DECEASED	P RICHARD A. WEBB 1401/3 KINGS CROSS ROAD RUSHCUTTERS BAY, NSW 2011, AUSTRALIA	☑ Change ☑ Addition
		☐ Delete	V/S VICTORIA W. PAGE 14703 WATERCHASE BLVD TAMPA, FL 33626	☐ Change ☑ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete B 4/17/08	900123767539 04/16/08--01019--026 **300.00	☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Victoria W Page 4/3/08 813-767-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

9557