

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

01 NOV 15 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

**L-10509**

1. Limited Liability Company's Name

**WEBER MARKETING, LLC**

2. Principal Office Address

**436 INDIES DR.**

Suite, Apt. #, etc.

City & State

**VERO BEACH, FL.**

Zip

**32963**

Country

**INDIAN RIVER**

3. Mailing Office Address

**SAME**

Suite, Apt. #, etc.

City & State

**VERO BEACH, FL.**

Zip

**32963**

Country

**INDIAN RIVER**

**REINSTATEMENT 2001**

4. State/Country of Formation

**INDIAN RIVER COUNTY / FL.**

5. Date Organized or Qualified  
To Do Business in Florida

**8/21/00**

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

**\$5.00 Additional Fee required  
for a Certificate of Status**

**8. Name and Address of Current Registered Agent**

Name

**JOHN M. WEBER**

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

**436 INDIES DRIVE**

Suite, Apt. #, Etc.

City

**VERO BEACH**

**700004702447-9**

**-12/03/01--01058--026**

**\*\*\*\*150.00 \*\*\*\*150.00**

State

**FL**

Zip Code

**32963**

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of

Registered Agent

REGISTERED AGENT MUST SIGN

Date **10/25/01**

**10. Names and Street Addresses of Managing Members/Managers**

Titles

Name of  
Managing Members/Managers

Street Address of Each  
Managing Member/Manager

City / State / Zip

**PRESIDENT**  
**JOHN M. WEBER**

**436 INDIES DRIVE**

**VERO BEACH, FL 32963**

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of

Managing Member/Manager

Date **10/25/01**

Daytime Phone # **561-388-3059**

Typed or printed name of signing Managing Member/Manager

**JOHN M. WEBER**

CR2E041 (9/01)