THIS FORM. FILED **COMPANY** Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS DIVISION OF CORPORATIONS FALLAHASSEE, FLORIDA 106000010509 **DOCUMENT #** 1. Limited Liability Company's Name Weber Marketing, LLC

2003 MAY - 1 AM 8: 49

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	al Office Address	3. Mailing Office Address			
4445 N. A-1-A,		Same		4. State/Country of Formation	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Indian River County, Florida USA	
Suite	e #221	1		5. Date Organized or Qualified To Do Business in Florida 8/21/00	
City & State		- Sity & State			
Vero Beach, FL		3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 -		65-1045369 Applied For Not Applicable	
Zip 32963	Country 3 USA	Zip	Country	7. CERTIFICATI	E OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status
		8. Name and	Address of Current Register	ed Agent	
Name UNULLISES STATE OS/01/0301041001 **50.00					
Street Address (P.O. Box Number is Not Acceptable) 4445 N. A-1-A, 000015854050					
Suite, Apt. #, Etc. 04/08/0301027011 **150. Suite #221					
City Vero Beach Vero Beach State Zip Code FL 32963					1
9. I, being appointed the registered agent of the/ayoye named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.					
Signature of Registered Agent Date					
	7 9 ' R	EGISTERED AGENT MUS	T SIGN		. *
10. Name	es and Street Addresses of Managing Me	mbers/Managers			
Titles	Name of Managing Members/Managers		Street Address of Each Managing Member/Manager		City / State / Zip
Presi dent	John MWeber	1046	Winding River I	Rd.	Vero Beach, FL 32963
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	8) e				
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 filling this reinstatement application the reason for disposition 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					Daytime Phone #
Typed or printed name of signing Managing Member/Manager					