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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUN 13 PM 3:05

DOCUMENT # L00000011229

1. Limited Liability Company's Name
REINSTATEMENT 2001 - 2003
Ahead of the Web, LLC

2. Principal Office Address	3. Mailing Office Address
5511 W. Irlo Bronson Hwy	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Kissimmee, FL	City & State
Zip: 34746 Country: USA	Zip Country

4. State/Country of Formation: FL, USA

5. Date Organized or Qualified To Do Business in Florida: 9/00

6. FEI Number: 59-3671953 ☐ 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: Lance Bayer

100020025421
06/13/03--01053--019 **30.00

Street Address (P.O. Box Number is Not Acceptable): 5511 W Irlo Bronson Hwy

Suite, Apt. #, Etc.

City: Kissimmee State: FL Zip Code: 34746

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: _____ Date: 5/31/03
REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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
Pres.	Lance Bayer	5511 W. Irlo Bronson Hwy	Kissimmee, FL 34746
V. Pres.	John - Lance	5505 W. Irlo Bronson Hwy	Kissimmee, FL 34746
Sec	Niel Wynne	5511 W. Irlo Bronson Hwy	Kissimmee, FL 34746
	REINSTATEMENT		

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: 5/31/03 Daytime Phone #: 407-396-2233

Typed or printed name of signing Managing Member/Manager: Lance Bayer