

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 10 AM 10:53

1. DOCUMENT # L02000026315

Name and Mailing Address

0007700 01 AT 0.292 **AUTO T9 0 0615 33180-152999



WEBO ENTERPRISES, L.L.C.
20533 BISCAYNE BLVD., SUITE 4-N221
AVENTURA FL 33180-1529



2. New Mailing Address

City, State, Zip

Principal Place of Business

20533 BISCAYNE BLVD., SUITE 4-N221
AVENTURA FL 33180

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

10/07/2002

6. FFI Number

113649480

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

SMOLEY, ROBERT ESQ.
C/O DIAZ, O'NAGHTEN & BORGOGNONI, L.L.P.
2665 S. BAYSHORE DRIVE, SUITE 200
MIAMI FL 33133

9. Name and Address of New Registered Agent

Name

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

70002458317
11/10/03--01086--003 **150.00

City

FL

Zip Code

10. 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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11-7-03

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MM	Wendy Grey	20533 Biscayne Blvd Suite 4-N221 Aventura, FL 33180	Aventura, FL 33180

12. I certify that I am managing member, officer or the owner 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 information for the company 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

SIGNATURE REQUIRED

Date

11-7-03

Daytime Phone

(305) 285-0800

Typed or printed name of signing Managing Member/Manager

WENDY GREY

CR2E084 (7/03)