## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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LIMITED LIABILITY  COMPANY  REINSTATEMENT  FLORIDA DEPARTMENT OF STATE  Secretary of State  DIVISION OF CORPORATIONS	FILED 2009 OCT 19 PM 12: 36
DOCUMENT # L0400009669  1. Limited Liability Company's Name Webgo Repertes LLC  8221 Clafes Road Booth #7	SECRETARY OF STATE  SECRETARY OF STATE  SECRETARY OF STATE  10/20/0901008006 **416.25  500161661135
DOCA: PANON FLORIDA 3:434  2. Principal Office Address - No P.O. Box # 3. Mailing Office Address	10/13/0901061001 **138.75 CR2E041 (10/08)
8221 Glades Road	4. State/Country of Formation
Suite, Apt. #, etc.  Suite, Apt. #, etc.	5. Date Organized or Qualified To Do Business in Florida 2/4/04
City & State BOCA ROSTON, ROSTORA City & State	6. FEI Number Applied For
33434 Country Zip Country	7.  CERTIFICATE OF STATUS DESIRED \$\$5.00 Additional Fee required for a Certificate of Status
8. Name and Address of Current Registered Agent	<u> </u>
Name APUAN STAMBOLYAN Street Address (P.O. Box-Nymber is Not Acceptable)	A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this
Suite, Agi. #, Etc. A 7	box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.
BOGARATION State Zip Code 7	
9. I, being appointed the registered agent of the above named dimited liability company, am familiar with and accept the obligations of Chapter 608, F.S.  Signature of Registered Agent Date	
10. Names and Street Addresses of Managing Members/Managers	
Titles Name of Street Address of Ear Managing Members/ Managers Managing Member/ Managers	ager City / State / Zip
MYRARYON StambolyAN BOOK # 7	BOGRATON ACEDA 33434
REINSTATEMENT -06 - 09	
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 cath.	
Signature of Managing Member/Manager Date 10/9/39 Daytime Phone# 51-883-550/	
Typed or printed name of signing Managing Member/Manager HRY4W STAWKO 14.4W	

Cf.