

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 APR 21 PM 4:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Limited Liability Company's Name

WEBSTER CONSULTANTS LLC

900151735539
04/22/09--01006--009 **660.00
CR2E041 (10/08)

2. Principal Office Address - No P.O. Box# 533 south howard ave		3. Mailing Office Address 533 South howard ave	
Suite, Apt. #, etc. Suite # 8		Suite, Apt. #, etc. Suite # 8	
City & State Tampa FL		City & State Tampa FL	
Zip 33606-2603	Country Hillsborough	Zip 33606-2603	Country Hillsborough

4. State/Country of Formation <i>Florida - Hillsborough</i>	
5. Date Organized or Qualified To Do Business in Florida <i>1-7-2005</i>	
6. FEI Number <i>342029073</i>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	\$5.00 Additional Fee required for a Certificate of Status

G. Name and Address of Current Registered Agent		
Name SMALLBIZ AGENTS, LLC		
Street Address (P.O. Box Number is Not Acceptable) 4244 W. TENNESSEE STREET		
Suite, Apt. #, Etc. #185		
City TALLAHASSEE	State FL	Zip Code 32304

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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 Khonda Weindel
REGISTERED AGENT MUST SIGN

Date 3-23-09

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
Mgm	Julius Kleinman	325 E. 79th	New York, NY 10075
Mgm	David Kleinman	3321 Swanor Ave	Tampa FL 33609
	REINSTATEMENT 00-09 QB		

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 John H. John H. H. Date 4-14-09 Daytime Phone # 813-273-8179

Typed or printed name of signing Managing Member/Manager Julius Klenner