

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
15 DEC 30 AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L14000127761

1. Limited Liability Company's Name

WEBSMARTER.COM, LLC

2. Principal Office Address - No P.O. Box #
614 Towne Square Way

Suite, Apt. #, etc.
#813

City & State
Orlando, FL

Zip Country
32818 US

3. Mailing Office Address
P.O. BOX 618408

Suite, Apt. #, etc.

City & State
Orlando, FL

Zip Country
32861 US

CR2E041 (1/14)

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida 08/14/2014

6. FEI Number
47-1585559

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
Damon K. Robertson

Street Address (P.O. Box Number is Not Acceptable) Suite,
11424 University Blvd

Apt. #, Etc.
#118

City State Zip Code
Orlando FL 32817

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9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

Date

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Damon K. Robertson	614 Towne Square Way, #813	Orlando, FL 32818

REINSTATEMENT

DEC 30 2015

R. HUNT

11. E-mail Address: DAMONIC3@GMAIL.COM

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Date 12/30/2015

Daytime Phone # 407-491-6441

Typed or printed name of signing authorized representative/member