2ip Country 34997 USA 8. Name and Address of Current Registered Agent Name Name		PLEASE READ AL	L INSTRUC	TIONS B	EFORE COMPLET	TINGTHIS F	ORM	
DOCUMENT # L/5000064/09 1. United Liability Company's Name A TO Z WEB MARKETING, LLC 2. Principal Office Address - No P.O. Box #	COMPANY Secretary of State							
Suite Apt. #, etc. 5. Date Organized or Qualified To Do Business in Florids 4//3/20/5 6. FEI Number Applied For APT-127876/ Not Applied For APT-127876/ Not Applied For APT-127876/ Not Applied For APT-127876/ Registered Agent Street Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) Suite. 4//3/20/5 Street Address (P.O. Box Number is Not Acceptable) Suite. 4//3/20/5 Street Address (P.O. Box Number is Not Acceptable) Suite. 4//25/16-011003-003 ***£243.75 Street Address of Chapter 605. F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Authorized Representatives/ Managers Street Address of Each Authorized Representatives/ Managers Authorized Representatives/ Managers 4. State/Country of Formation ***LOZINA** ***	1. Limited Liability Company's Name							
Suite Apt. #, etc. Suite	2. Principal Office Addr	3. Mailing Office Address 4195			CR2E041 (1/14)			
Suite Apt. #, etc. Suite	4195 SE	SE FAIRWAY CT			4. State/Country of Formation			
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STUART FL Zip Country 34997 USA 8. Name and Address of Current Registered Agent Name TANIA M. Willis Street Address (P.O. Box Number is Not Acceptable) Suite. 4/95 SE FAIRWAY CT Apt. #, Etc. City State State FL 34997 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 REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Authorized Representatives/ Managers Name of Authorized Representatives/ Managers Authorized Representatives/ Managers Authorized Representatives/ Managers Applied For 47-127876 Centificate of Status Desired 7. CERTIFICATE OF STATUS DESIRED 55.00 Additional Fee required for a certificate of status 55.00 Additional Fee required for a certificate of status 55.00 Additional Fee required for a certificate of status 55.00 Additional Fee required for a certificate of status 55.00 Additional Fee required for a certificate of status 10. ZSC/1601008009 ***243.75 Date 10. ZSC/1601008009 ***243.75 Date City / State / Zip Managers Titles Authorized Representatives/ Managers City / State / Zip					5. Date Organized or Qualified To Do Business in Florida			
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8. Name and Address of Current Registered Agent Name Tawa M. Will'S Street Address (P.O. Box Number is Not Acceptable) Suite. # 195 SE PAIRWAY CT Apt. #. Etc. City State STVART 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 REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Authorized Representatives/ Managers Authorized Representative/ Managers City / State / Zip Authorized Representative/ Managers City / State / Zip City / State / Zip	STUART	FL	512	ART	FC			
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Authorized Representatives/ Authorized Representative/ City / State / Zip Managers Manager	10. Names and Street A	·-	ntatives/Manage	irs		**		
MGR CAROLINA D. SEWALS 4195 SEFAIRWAY CT. STURET FL 34997 MGZ WANDERSON D. DOCARMO 527 EILISON CT. FRENERICK MD 21703	Titles	Authorized Representative			e/	City / State / Zip		
MGZ WANDERSON D. DOCARMO 527 EILISON CT. FRENERICK MID 21703	MGR CAN	eolina D.SE	wals	4195	SEFAIRWA	y cr.	STUDIET FL 34997	
	MGZ WANDERSON D. DOCARMO 527 EIIISON C.						FREDERICK MD 21703	

REINSTATEMENT

TEMPHEAUTHCARE @ 6 MAIL- COM
(To be used for future annual report notifications) 11, E-mail Address:

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 fiability 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.

Date 10 17 16 Daytime Phone # 301-788 8939 Signature of authorized representative/member