

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 AUG 16 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L34196

1. Corporation Name

WEBB REAL ESTATE HOLDINGS, INC.

2. Principal Office Address

1830 NW 183rd Street

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33055

Country

U.S.A.

3. Mailing Office Address

1830 NW 183rd Street

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33055

Country

U.S.A.

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/08/1989

5. FEI Number

65-0258752

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ABE A. BAILEY

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

18350 NW 2nd Avenue

Suite, Apt. #, Etc.

500

City

Miami

State

FL

Zip Code

33169

400058853649

08/23/05--01005--014 **2250.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

08/01/2005

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PTD	DELROY WEBB	700 N Hiatus Boulevard	Pembroke Pines, FL 33025
SD	LEE WEBB	5612 NW 189th Terrace	Miami, FL 22055
D	KORIEL WEBB	700 N Hiatus Boulevard	Pembroke Pines, FL 33025

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELROY WEBB

Date

8/9/05

(305)621-1400

Daytime Phone #

CR2E081 (01/05)