

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JAN 30 PM 3:56

DOCUMENT # P00000054758

1. Corporation Name

Web- Outfitters. com, Inc.

2. Principal Office Address

1325 N.W. 22 Ave

Suite, Apt. #, etc.

City & State

Delray Beach, FL

Zip

33445

Country

USA

3. Mailing Office Address

1325 N.W. 22 Ave

Suite, Apt. #, etc.

City & State

Delray Beach, FL

Zip

33445

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

May 23, 2000

5. FEI Number

65-1013919

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

Joel Felsen

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

1325 N.W. 22 Ave

Suite, Apt. #, Etc.

City

Delray Beach

State

FL

Zip Code

33445

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 1-27-2002

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
P	Joel Felsen	1325 N.W. 22 Ave	Delray Beach, FL 33445
V	Joel SCHNEIDER	9264 Rutledge Ave	Boca Raton, FL 33434

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

1-27-2002

Date

561-265-4714

Daytime Phone #

Web-Outfitters.com, Inc.

1325 Northwest 22nd Avenue

Delray beach, Florida 33445

561.265.4714

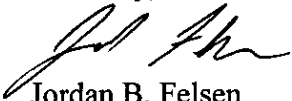
January 28, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Document #P00000054758

Please accept this letter as formal notification that Web-Outfitters.com, Inc. did not receive the Uniform Business Report informational packet for the year 2001. As a result, this coporation was dissolved during the same year. As registered agent for the foresaid corporation, I am requesting that the reinstatement fees be waived for the year 2001. Enclosed please find a check in the amount of \$300.00 to bring Web-Outfitters.com, Inc. current through the end of year 2002. Also enclosed is the Reinstatement Application/Uniform Business Report listing updated information.

Sincerely,



Jordan B. Felsen
Registered Agent
Web-Outfitters.com, Inc.