

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 01 OCT 18 AM 9:45

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P0000093342
 1. Corporation Name
WEB MASTER COMMERCE, INC.

Principal Place of Business	Mailing Address
4410 ROUND LAKE RD. APOPKA FL 32712	4410 ROUND LAKE RD. APOPKA FL 32712

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



2. New Principal Office Address, if Applicable	3. New Mailing Office Address, if Applicable	4. Date Incorporated or Qualified To Do Business in Florida
Suite, Apt. #, etc.	Suite, Apt. #, etc.	10/02/2000
City & State	City & State	5. FEI Number
Zip	Country	59-3673180
		Applied For
		Not Applicable
		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
P/T/S	Roy, David B.	4410 Round Lake Rd.	Apopka, FL 32712

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
ROY, DAVID B. 4410 ROUND LAKE RD. APOPKA FL 32712	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Date: 10/13/2001

REGISTERED AGENT MUST SIGN

11. 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)(ii), 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: Date: 10/13/2001 (407) 886-9121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

Web Master Commerce, Inc.
4410 Round Lake Road
Apopka, FL 32712

RE: Document # P00000093342

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

October 13, 2001

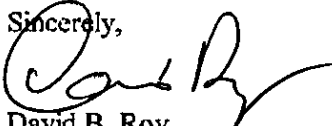
To Whom It May Concern:

Please find enclosed my Application for Reinstatement for Web Master Commerce, Inc. I have included a check for \$158.75, which includes the filing fee for the annual report along with the fee for the requested certificate of status.

I am requesting that the Division of Corporations accept my Application for Reinstatement and waive the reinstatement fee. On October 11, I received notice of administrative dissolution along with an explanation of the annual filing requirement. This notice also contained a statement that two previous notices, along with the annual report, had been sent to the listed address. I never received these two previous notices. I realize that does not relieve me of the responsibility to file, but it serves to explain my tardiness in filing. I assure you that this is a one-time situation and that I will make all future filings in a timely manner.

Thank you for your consideration in this matter. If you have any questions, please do not hesitate to call me at (407) 886-9121.

Sincerely,



David B. Roy,
President,
Web Master Commerce, Inc.