

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 MAR 11 AM 11:54

DOCUMENT # **P03000116849**

1. Corporation Name

**WEBSPEED SERVICES, INC.
467 N. UNIVERSITY DRIVE
PLANTATION, FL 33324**

REINSTATEMENT 09-11

100183755001
07/28/10--01025--003 **300.00

2. Principal Office Address - No P.O. Box #

467 N. UNIVERSITY DR.

3. Mailing Office Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

PLANTATION, FL

City & State

B

Zip

33324

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/21/03

5. FEI Number

20-1026871

☐ 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

JEFFREY LINDEMAN

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

467 N. UNIVERSITY DRIVE

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33324

100183755001

03/11/11--01032--020 **750.00

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

07/21/10

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	JEFFREY LINDEMAN	467 N. UNIVERSITY DRIVE PLANTATION, FL 33324	PLANTATION, FL 33324

10. E-mail Address: **JEFF@EWEBSPEED.COM**

(To be used for future annual report notification)

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. I further certify, 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

Date

07/20/10

Daytime Phone #