

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -1 PM 1:13

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT *OR*



600008755616

11/01/02--01037--014 **758.75

DOCUMENT # P04242

1. Corporation Name

WEB SERVICE COMPANY, INC., OF CALIFORNIA

Principal Place of Business

3690 REDONDO BEACH AVENUE
REDONDO BEACH CA 90278-1165
US

Mailing Address

3690 REDONDO BEACH AVENUE
REDONDO BEACH CA 90278-1165
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/04/1984

5. FEI Number

95-1776017

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

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
PDT	BLOOMFIELD, WILLIAM E JR	3690 REDONDO BCH AVE	REDONDO BEACH CA
SD	BLOOMFIELD, MARGARET M.	3690 REDONDO BCH AVE	REDONDO BEACH CA
CD	BLOOMFIELD, WILLIAM E.	3690 REDONDO BCH AVE	REDONDO BEACH CA
CD	REYNOLDS, HERBERT E.	3690 REDONDO BCH AVE	REDONDO BEACH CA
ASD	HUNTER, JOANNE B.	3690 REDONDO BCH AVE	REDONDO BEACH CA
VD	HUNTER, JAMES L	3690 REDONDO BCH AVE	REDONDO BCH CA

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Barbara A. Burke
REGISTERED AGENT MUST SIGN

BARBARA A. BURKE
SPECIAL ASSISTANT SECRETARY
Date

103002

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)(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:

James L. Hunter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vice President

(310)297-9483

Date

Daytime Phone #

CR2ED40 (8/02)