2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000080997

1. Entity Name
ALL IN WEBS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 APR 16 PM 12:51

REINSTATEMENT 06-07

Principal Place of Business	Mailing Address
5797 W 26 AVE HIALEAH, FL 33016	5797 W 26 AVE HIALEAH, FL 33016

04132007 REIN-P CR2E098 (1/07)

2. Principal Place of Business - No P O Box #	3. Mailing Address
1060 W 74 STREET	1060 W 74 STREET
Suite, Apt. #, etc. 231	Suite, Apt. #, etc 231
City & State HIALEAH Florida	City & State HIALEAH Florida
Zip 33014 Country USA	Zip 33014 Country USA

4. FEI Number
20-2948541
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ZABALLA, ALEJANDRO V 5797 W 26 AVE HIALEAH, FL 33016 Address Change Only	Name Street Address (P O Box Number is Not Acceptable) 1060 W 74 STREET APTO 231 City HIALEAH FL Zip Code 33014

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ZABALLA, ALEJANDRO V 5797 W 26 AVE HIALEAH, FL 33016 Address Change Only	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1060 W 74 STREET APTO-231 HIALEAH FL. 33014	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 04/13/2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #