

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 NOV -2 PM 3:41

CLERK OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO6000055210

1. Corporation Name

WEBB Transportations Inc

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

1147 Hampton St

Suite, Apt. #, etc.

FL

City & State

Clermont Florida

Zip

34711

Country

USA

3. Mailing Office Address

1147 Hampton St

Suite, Apt. #, etc.

City & State

Clermont Florida

Zip

34711

Country

USA

REINSTATEMENT

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

4/18/06

5. FET Number

86-1161921

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

3875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Alicia Webb

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

1147 Hampton St

Suite, Apt. #, Etc.

City

Clermont

State

FL

Zip Code

34711

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Alicia Webb

Date

10/5/07

REGISTERED AGENT MUST SIGN

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
<u>Pres</u>	<u>Alicia Webb</u>	<u>1147 Hampton St</u>	<u>Clermont FL 34711</u>
<u>Etc</u>	<u>Alquehen Webb</u>	<u>1147 Hampton St</u>	<u>Clermont FL 34711</u>

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 contained in Chapter 119, 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:

Alicia Webb

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/5/07 (407) 722-2757
(407) 722-1063

Daytime Phone #