

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

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000055210

1. Corporation Name
WEBB Transportations Inc

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

1147 Hampton St

State, Apt. #, etc.
FL

City & State
Clermont Florida

Zip Country
34711 USA

3. Mailing Office Address

1147 Hampton St

Suite, Apt. #, etc.

City & State
Clermont Florida

Zip Country
34711 USA

REINSTATEMENT 07

CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida

4/18/06

5. FEI Number
86-1161971

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED **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 State Zip Code
Clermont FL 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
Pres	Alicia Webb	1147 Hampton St	Clermont FL 34711
Etc	Alquehen Webb	1147 Hampton St	Clermont FL 34711
	<u>11/16</u>		000110863450 10/15/07--01050--001 **\$8.75
			000110863450 11/07/07--01059--023 **\$150.00

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
Daytime Phone # (407) 722-1063