

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 NOV 10 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P07000018354

1. Corporation Name

~~Webtek Inc.~~
Webteks, INC.

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

736 Willie Roth Ln

Suite, Apt. #, etc.

City & State

Quincy FL

Zip Country
32351 US

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip Country

300162687543
11/10/09--01006--022 **308.75

CR2E081 (12/08)

08-09

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

33-1152946

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 - Randolph Bush

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

736 Willie Roth Williams Lane

Suite, Apt. #, Etc.

City
Quincy

State
FL

Zip Code
32351

☒ 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

[Signature]

Date

11-10-09

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
CEO	Randolph L Bush	736 Willie Roth Williams Ln	Quincy FL / 32351

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-10-09 880-766-6858

Date

Daytime Phone #

11/10/09