

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **PO7000018354**

1. Corporation Name

Webtek, Inc.

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

1767 Hermitage Blvd

Suite, Apt. #, etc.

Apt 3209

City & State

Tallahassee FL

Zip

32308

Country

US

3. Mailing Office Address

1767 Hermitage Blvd

Suite, Apt. #, etc.

Apt 3209

City & State

Tallahassee FL

Zip

32308

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

02/09/07

5. FEI Number

33-1152946

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (6/10)

REINSTATEMENT

300181625263
06/02/10--01030--003 **1050.00

FILED

10 JUN -2 PM 12:47

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

7. Name and Address of Current Registered Agent

Name

Randolph Bush Jr.

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

1767 Hermitage Blvd

Suite, Apt. #, Etc.

Apt 3209

City

Tallahassee

State

FL

Zip Code

32308

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

REGISTERED AGENT MUST SIGN

Date

6-2-10

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 Bush	1767 Hermitage Blvd	Tallahassee FL 32308

10. E-mail Address:

RandolphBush@yachow.com

(To be used for future annual report notification)

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, I further certify, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-2-10

Date

850-766-6352

Daytime Phone #