2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000034938

City-St-Zip:

ORLANDO, FL 32819 US

Entity Name: UNITED WEB ENTERPRISES INC

FILED Dec 15, 2009 Secretary of State

Entity Nai	me: UNITED I	MER EN LEKAKISES INC			
Current Principal Place of Business:			New Principal Place of Business:		
6881 KINGSPOINTE PKWY					
BLDG A, L	JNIT 4				
ORLANDO	D, FL 32819	US			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
6881 KINGSPOINTE PKWY BLDG A, UNIT 4 ORLANDO, FL 32819 US		WY			
		He			
		03			
FEI Number:		FEI Number Applied For ()	FEI Number Not Applicable (X)	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
6881 KING BLDG A, L ORLANDO	D, FL 32819 U	S	surnoso of changing its registere	d office or registered agent, or both,	
in the State	e of Florida.	submits this statement for the p	urpose or changing its registered	d office of registered agent, or both,	
SIGNATUR	RE: MIGEL MA	ANGIONE			
Electronic Signature of Registered Agent			ent	Date	
Election Car	mpaign Financing	3(2)(b), F.S., the corporation did no g Trust Fund Contribution().	·		
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHANGI	ES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () BLAKEMAN, BF 6881 KINGSPO ORLANDO, FL	INTE PKWY	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () MANGIONE, MI 6881 KINGSPO ORLANDO, FL	INTE PKWY	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	TRES () MANGIONE, JA 6881 KINGSPO		Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: MIGEL MANGIONE VP 12/15/2009