

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

lofr

FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 AUG 23 PM 12:04

DOCUMENT #

P95000023413

1. Corporation Name

WEBSTER & LEONARD, INC

2. Principal Office Address

341 STORY RD

Suite, Apt. #, etc.

3. Mailing Office Address

341 STORY RD

Suite, Apt. #, etc.

City & State

LAKE WALES, FL

Zip  
33853

Country  
USA

City & State

LAKE WALES, FL

Zip  
33853

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida

3/20/95

5. FEI Number

593304513

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

STANLEY WEBSTER BRYAN JR

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

2019 TINDEL CAMP RD

Suite, Apt. #, Etc.

300003391673-2

-09/13/00--01065--003

\*\*\*\*450.00 \*\*\*\*450.00

City

LAKE WALES

State

FL

Zip Code

33853

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

Stanley Bryan Jr

REGISTERED AGENT MUST SIGN

Date August 21, 2000

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

OWNER STANLEY W BRYAN JR 2019 TINDEL CAMP RD LAKE, WALES, FL 33853

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 under section 119.07(3)(i), 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:

Stanley Bryan Jr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug 21, 200

Date

Daytime Phone #

(863)676-6940

CR2E081 (3/99)

252

Date: August 21, 2000

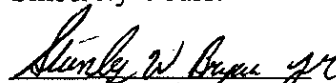
TO:  
Florida Department Of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl 32314

FROM:  
Webster and Leonard Inc.  
341 Story Road  
Lake Wales, Fl 33853  
Attn. Mae

To whom it may concern;

I am requesting that Webster and Leonard be reinstated. Until I called your office a week ago regarding another matter: I was not aware that Webster and Leonard was inactive. I also would like to state that I have not received any correspondence regarding this matter. So as per my phone conversation with your office on last week, I am sending a check in the amount of \$450.00. Any help in getting Webster and Leonard reinstated will be greatly appreciated.

Sincerely Yours:

  
Stanley W. Bryan Jr.  
Owner