

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

00 OCT 26 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000092928

1. Corporation Name

WEBSTAR TECHNOLOGY SERVICES, INC.

Principal Place of Business

Mailing Address

~~5008 W. LINEBAUGH AVE.~~

5008 W. LINEBAUGH AVE.

~~60~~
~~TAMPA FL 33624~~
US

60
TAMPA FL 33624
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

111 2ND AVE. N.E.

111 2ND AVE. N.E.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1600

1600

City & State

City & State

ST. PETERSBURG, FL

ST. PETERSBURG, FL

Zip

Zip

33701

Country

Country

PINELLAS

PINELLAS

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/1996

5. FEI Number

65-0629381

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	DIXON, WILLIAM T	1411 NORTH WESTSHORE BOULEVARD U 5801 RED CEDAR LANE	TAMPA FL 33607 TAMPA, FL 33625
			500003464805-0
			11/15/00--01093--020
			****750.00 ****750.00

REINSTATEMENT 2000

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DIXON, WILLIAM T

~~2901 N DALE MABRY HWY~~

~~#915~~

~~TAMPA FL 33607~~

Name

DIXON, WILLIAM T

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

5801 RED CEDAR LANE

Suite, Apt. #, Etc.

#

City

TAMPA

State

FL

Zip Code

33625

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

William T. Dixon
REGISTERED AGENT MUST SIGN

Date 10-23-00

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 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:

William T. Dixon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-23-00

Date

813 267 6020

Daytime Phone #

CR2E040 (9/00)