

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 DEC 14 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P96000071029

1. Corporation Name
WEBCODE, INC.

Principal Place of Business
505 AVENUE A N.W. #100
WINTER HAVEN FL 33881

Mailing Address
505 AVENUE A N.W. #100
WINTER HAVEN FL 33881

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

2. New Principal Office Address, If Applicable
387 East Central

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida 08/26/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number 59-3399738

Applied For
Not Applicable

City & State
Winter Haven, FL

City & State

Zip 33880

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	HALLETT, JOGH	4502 BUCKEYE RD	WINTER HAVEN FL 33881
P	LEEDY, INGRAM	519 AVENUE B NW	Winter Haven, FL 33881
S	ELERMAN, SAPHIE	3545 Villanova ST	Dallas, Tx 75225
			400003079464--4 -12/23/99--01059-017 ****750.00 ****750.00

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LEEDY, INGRAM
505 AVE A NW
SUITE 100
WINTER HAVEN FL 33881

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State FL Zip Code

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

REGISTERED AGENT MUST SIGN

Date DECEMBER 5, 1999

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DECEMBER 5, 1999

Date

Daytime Phone #

941-299-6322