

P96000091017

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 MAY 17 PM 4:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000091017

1. Corporation Name

webface Inc.

2. Principal Office Address

4875 N. Federal Highway

Suite, Apt. #, etc.

6th Floor

City & State

Ft. Lauderdale, FL

Zip

33309

Country

USA

3. Mailing Office Address

4875 N. Federal Highway

Suite, Apt. #, etc.

6th Floor

City & State

Ft. Lauderdale, FL

Zip

33309

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/4/96

5. FEI Number

22-3495939

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

Mark Robbins

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

4875 North Federal Highway

Suite, Apt. #, Etc.

6th Floor

City

Ft. Lauderdale

State

FL

Zip Code

33309

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

Mark Robbins

REGISTERED AGENT MUST SIGN

Date

May 15, 2001

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
P	Jonathan Star	46 Scarlet Lane	Hurleyville NY 12747
T	Jonathan Star	46 Scarlet Lane	Hurleyville, NY 12747
S	Erwin Romer	495 Washington Ave 36	Brooklyn NY 11238

Reinstate
5-17-01
PMS

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:

Signature

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

16 May 01

Date

845 436 4020

Daytime Phone #

CRZE001 (9/00)