

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

01 JAN 22 PM 4:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000002760

1. Corporation Name

123WEB.COM, INC.

Principal Place of Business

1714 GREEN MEADOW LANE
ORLANDO FL 32825

Mailing Address

1714 GREEN MEADOW LANE
ORLANDO FL 32825



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

4. Date Incorporated or Qualified
To Do Business in Florida

01/10/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3417935

Applied For

City & State

City & State

Not Applicable

Zip

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
PSD	KLUG, DEAN	1714 GREEN MEADOW LANE	ORLANDO FL 32825
VTD	ALDRIDGE, MARK ALLEN	1714 GREEN MEADOW LANE	ORLANDO FL 32825

900003623739--5
-02/02/01--01014--001
****750.00 ****750.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name RICK D. KRACK, CPA
Street Address (P.O. Box Number is Not Acceptable)
P.O. Box 196458 1384 AYERSWOOD CT
Suite, Apt. #, Etc.
City WINTER SPRINGS
State FL
Zip 32708

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

12/15/00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 12/15/00

Daytime Phone # 407-923-9531