

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT -8 AM 9:09

DOCUMENT #

P97000063803

1. Corporation Name

PagePartners Web Publishing, Inc.

2. Principal Office Address

30 Partridge Hollow

3. Mailing Office Address

30 Partridge Hollow

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Oakdale, CT

City & State

Oakdale, CT

Zip

06370

Country

USA

Zip

06370

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/23/97

5. FEI Number

65-0774676

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

~~Law Office of Robert B. Halleran & Associates~~ Robert B. Halleran, Esq.

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

1920 E Hallandale Beach Blvd.

Suite, Apt. #, Etc.

Suite #803

City

Hallandale

State

FL

Zip Code

33009

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 10/2/01

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
Pres. / Tr.	Diana H. Demarest	30 Partridge Hollow	Oakdale, CT 06370
VP/ Sec.	Lynn E. Demarest	30 Partridge Hollow	Oakdale, CT 06370
			5888004638425--6 -10/16/01--01036--027 ****150.00 ****150.00
			<i>[Signature]</i>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] Diane Demarest, President 10/1/01 8603670306

Date

Daytime Phone #

CR2E081 (9/00)

PagePartners Web Publishing

October 1st, 2001

State of Florida Department of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

ATTN: Reinstatement Department

Dear Sir or Madam:

We moved our business to the state of Connecticut and did not receive our annual report filing paperwork for the year 2001.

Per your staff's instructions, we are enclosing this letter to respectfully request that the late fees be waived. Enclosed, please find the reinstatement request form with our address corrected and the filing fee of \$150.00.

Please contact me if you have any questions.

Very truly yours,


Diana. H. Demarest, President
PagePartners Web Publishing, Inc.

cc: The Law Office of Robert B. Halleran & Associates, Inc.

30 Partridge Hollow
Oakdale, CT 06370
PH: 860-367-0306
FAX: 860-367-9011
Email: ddemarest@pagepartners.com