


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 17 PM 4:48

DOCUMENT # **P97000071040**

1. Corporation Name

U.S. WEB TECH, INC.

Principal Place of Business

Mailing Address

630 ST SOUTHWOOD TRAIL **630 SE Southwood Trail**
STUART FL 34997 **STUART, FL 34997**
34997



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

08/15/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0785742

Applied For

Not Applicable

City & State

City & State

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	BESCHEN, JAMES E	630 ST SOUTHWOOD TRAIL	STUART FL 34997
		630 SE Southwood Trail	
			700004654557--3
			10/26/01 01032 005
			****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BESCHEN, JAMES

630 ST SOUTHWOOD TRAIL **630 SE Southwood Trail**
STUART FL 34997 **Stuart FL 34997**

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

10/15/01

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)(l), 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

10/15/01

Daytime Phone #

561-220-7918

CR2040 (8/01)

**US Web Tech, Inc.
630 S.E. Southwood Trail
Stuart, FL 34997**

October 15, 2001

Division Of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Dear Sir or Madam:

I recently received an Application For Reinstatement from a person that contacted me from an address where I previously resided. This letter is in response to speaking with a person in the Reinstatement Office who instructed me to send a letter explaining my circumstances and include a check for the original report fee of one-hundred and fifty dollars (\$150.00).

It appears that due to the discrepancies in the addresses, which I have corrected, I did not receive the Annual Report Form. I have been instructed to complete the Reinstatement Application with any corrections and return this with a check in the amount of \$150.00.

Thank you,



James Beschen
President