

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 DEC 10 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000107557

1. Corporation Name

Web1, Inc.
10328 Polo Lake Dr W, Wellington FL 33414

2. Principal Office Address

10328 POLO LAKE DR W

Suite, Apt. #, etc.

City & State

WELLINGTON, FL

Zip

33414

Country

PALM BEACH

3. Mailing Office Address

10328 POLO LAKE DR W

Suite, Apt. #, etc.

City & State

WELLINGTON, FL

Zip

33414

Country

PALM BEACH

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/23/97

5. FEI Number

65-0807833

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03

7. Name and Address of Current Registered Agent

Name

JOHN R. WEBSTER

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

10328 POLO LAKE DR W

12/10/03--01023--005 **150.00

Suite, Apt. #, Etc.

City

WELLINGTON

State

FL

Zip Code

33414

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

John R. Webster
REGISTERED AGENT MUST SIGN

Date 12/7/03

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/D	JOHN R. WEBSTER	10328 POLO LAKE DR W	WELLINGTON, FL 33414

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:

John R. Webster
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/7/03

Date

305 903 9030

Daytime Phone #

CR2E081 (10/02)

Web 1, Inc.
10328 Polo Lake Dr W
Wellington, FL 33414
(305) 903-9030

December 4, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Web 1, Inc. Corporation Reinstatement
FEI Number: 65-0807833

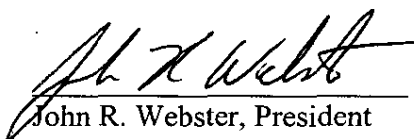
Dear Sir/Madam:

Enclosed is the Florida Uniform Business Report Corporation Reinstatement for 2003 for the above-mentioned corporation along with a check in the amount of \$150.

We respectfully request that the reinstatement fee be waived because we never received the 2003 annual report form from your office.

If you have any questions regarding the above, or the enclosed, please do not hesitate to contact me.

Very truly yours,


John R. Webster, President