

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 27 AM 8:47

SECRET OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P99000011753

1. Corporation Name

E-WEBPAGES.COM INC.

Principal Place of Business

1612 WOODCHUCK COURT
WINTER SPRINGS FL 32708-3856
US

Mailing Address

1612 WOODCHUCK COURT
WINTER SPRINGS FL 32708-3856

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/05/1999

5. FEI Number

59-3556235

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

600009717666

12/27/02--01051--008 **150.00



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
MS.	HUGHES, PAMELA	1612 WOODCHUCK COURT	WINTER SPRINGS FL 32708 -3856

8. Name and Address of Current Registered Agent

HUGHES, PAMELA D PRESIDE
1612 WOODCHUCK COURT
WINTER SPRINGS FL 32708-3856

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of
Registered Agent

Pamela D. Hughes
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

12/15/02

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.

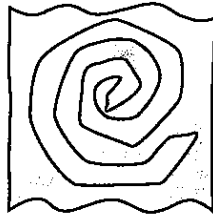
SIGNATURE:

Pamela Hughes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/15/02



ewebpages.com
I N C O R P O R A T E D

State of Florida
Department of State
Annual Report/Reinstatement Section
P.O. BOX 6327
Tallahassee, FL 32314-6327

To Whom It May Concern:

Please find my check in the amount of \$150.00. I apologize for the delay, however had not received prior notices.

Sincerely,

Pamela Hughes
ewebpages.com, Inc.