

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 FEB 25 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000031130

1. Corporation Name

WEBCONCLAVE, INC

2. Principal Office Address

2244 ISLAND CREEK RD

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

SARASOTA, FL

City & State

Zip

34240

Country

US

Zip

Country

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

4/1/1999

5. FEI Number

65-0911670

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$375 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

SHANE HARTMAN

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-03/05/02--01016--001

****285.00 ****285.00

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

2244 ISLAND CREEK RD

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34240

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 2/20/2002

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 | SHANE HARTMAN | 2244 ISLAND CREEK RD | SARASOTA, FL 34240 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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-01/28/02--01044--004

*****35.00 *****35.00

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/2002

Date

941-906-5177

Daytime Phone #

CR2E081 (9/01)