

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 28 AM 11:24

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P99000033583

1. Corporation Name

WEB TEXTILES INC.

Principal Place of Business

Mailing Address

2721 FORSYTH ROAD
UNIT 204
WINTER PARK FL 32792

2721 FORSYTH ROAD
UNIT 204
WINTER PARK FL 32792

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

2. New Principal Office Address, If Applicable
2721 FORSYTH ROAD

3. New Mailing Office Address, If Applicable
2721 FORSYTH ROAD

Suite, Apt. #, etc.
UNIT 161

Suite, Apt. #, etc.
UNIT 161

City & State
WINTER PARK, FL.

City & State
WINTER PARK, FL

Zip 32792 Country U.S.A.

Zip 32792 Country U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

04/08/1999

5. FEI Number

59-3967288

Applied For

Not Applicable

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
DP	QAYYUM, JAWED	5828 RIDGE CLUB LOOP, APT 108	ORLANDO FL 32839
V	SHAFIQ, MUHAMMED J	2721 FORSYTH ROAD, #204	WINTER PARK FL 32792

200034211442
04/28/04--01005--008 **300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

QAYYUM, JAWED 5828 RIDGE CLUB LOOP APT 108 ORLANDO FL 32839	Name QAYYUM, JAWED	
	Street Address (P.O. Box Number is Not Acceptable) 2311 STONE CROSS CIRCLE	
	Suite, Apt. #, Etc.	
	City ORLANDO	State FL
	Zip Code 32828-7938	

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 
REGISTERED AGENT MUST SIGN

Date 4-21-2004

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:  JAWED QAYYUM 4/21/2004 407-383-0104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #