

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 FEB -1 PM 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000061846

1. Corporation Name

The Webcom Group, Inc.

2. Principal Office Address

1900 W. Commercial Blvd

Suite, Apt. #, etc.

Suite # 4

City & State

Fort Lauderdale, FL

Zip

33309

Country

USA

3. Mailing Office Address

1900 W. Commercial Blvd

Suite, Apt. #, etc.

Suite # 4

City & State

Fort Lauderdale, FL

Zip

33309

Country

USA

REINSTATEMENT

2001-2002

4. Date Incorporated or Qualified
To Do Business in Florida

07/06/1999

5. FEI Number

65-0944106

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Lori A Landers

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

1402 E. Las Olas Blvd

Suite, Apt. #, Etc.

Suite 154

City

Fort Lauderdale

State
FL

Zip Code

33301

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

1-31-02

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	Frederick C Scherf	1402 E Las Olas Blvd.	Fort Lauderdale, FL 33301
VP	Lori A Landers	2240 N Cypress Bemo	Pompano Beach, FL 33069

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] Frederick C. Scherf

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-31-02

Daytime Phone #

954-592-7516

CR2E081 (9/01)